

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No.

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL

Place Date 1938

19. UNDERTAKER (Address)

20. FILED

Registrar.

DO NOT WRITE IN THIS SPACE

S 107616

State File No.

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year)

22 I HEREBY CERTIFY, That I attended deceased from 1-18-38, 193, to 1-18-38, 193.

I last saw him alive on stillbirth; death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard L. Nohrman (Address Boise, Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004St Lukes Hospital

(No. _____)

DO NOT WRITE IN THIS SPACE

State File No.

S 108423Local Registrar's No. 82

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME William Francis Terrell(a) Residence No. 2102 No. 21st. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced Child
(write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mar 12th. 1938

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

13. NAME Francis Terrell

14. BIRTHPLACE (city or town) Hitchcock Co.
(State or country) Neb.

15. MAIDEN NAME Virginia Burtis

16. BIRTHPLACE (city or town) Colemont
(State or country) Colo.

17. INFORMANT Francis Terrell
(Address) Boise Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 3/14, 193 8

19. UNDERTAKER Schreiber & McCann
(Address) Boise Idaho

20. FILED 3-16 193 8 R. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/12/38 193 8

22 I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____.

I last saw h. _____ alive on Still Birth: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Birth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Harold T. Nohr M. D.(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

175 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. S 109919

JUL 12 1938

Registration District No. 1009Primary Registration District No. 96Local Registrar's No. 121(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hooley(a) Residence No. _____
(Usual place of abode)St. Winchester, Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of ☒
(or) WIFE of ☒

6. DATE OF BIRTH (month, day, and year) June 9, 1938

7. AGE Years ☒ Months ☒ Days ☒ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME Clarence Hooley

14. BIRTHPLACE (city or town) Eldorado
(State or country) Kansas

15. MAIDEN NAME Etta Conley

16. BIRTHPLACE (city or town) Oklahoma City
(State or country) Oklahoma

17. INFORMANT Clarence Hooley
(Address) Winchester, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Forest, Idaho Date June 11, 1938

19. UNDERTAKER Brouwer, Wynn & Co.
(Address) Lewiston, Idaho

20. FILED June 23, 1938 M. H. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 9, 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw her alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis Findings Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) K. H. Evans, M. D.(Address) Lewiston, Idaho
Craigmont Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. _____ St. _____
Page Hospital
(If born in hospital or institution give name.)
Registration District No. 78 State File No. 262853
2. FULL NAME OF CHILD StillBirth Brown
3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature YES 7. Legitimate? No 8. Date of birth Jan. 25, 1938
(Month, Day, Year)
9. Full name FATHER Unknown 18. Full maiden name MOTHER Pearl Smith
10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint
11. Color or race _____ 12. Age at last birthday _____ (years) 20. Color or race white 21. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) _____ 22. Birthplace (city or place) (State or Country) Laurin, Mont.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Waitress
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Restaurant
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work Jan. 1938 26. Total time (years) spent in this work 1 1/2
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 6 1/2 months or more 30. Cause of Stillbirth { Premature Fetus { During labor YES
Difficult Delivery { Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3 8 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

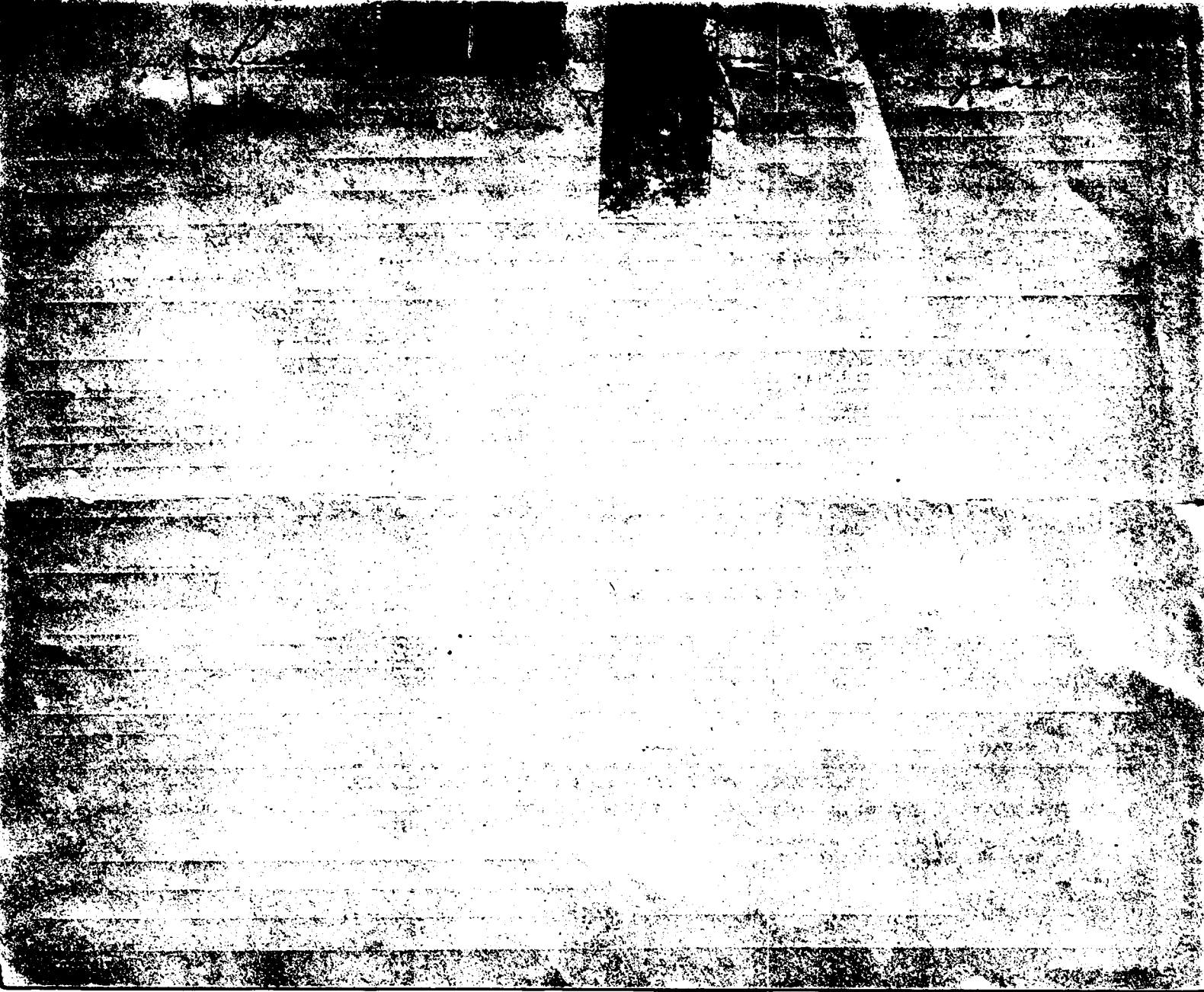
(Date of) _____

Registrar.

(Signed) Wm F. Tyler, M. D.
or _____, Midwife

Address Sandpoint, Idaho

Filed Feb 6, 1938 Angie C. Goodman
Registrar.



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PLACE OF DEATH
County of Bonner
City of Sandpoint
DEPARTMENT OF WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
107701
State File No.

Registration District No. 78

Primary Registration District No. 2155

Local Registrar's No. 999 5

(No. Page Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Stillbirth Brown St. Sandpoint Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Jan 25, 1938

7. AGE Years Months Days If LESS than 1 day ... hrs. or ... min.
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no
10. Date deceased last worked at this occupation (mo. and yr.) no
11. Total time (years) spent in this occupation no

12. BIRTHPLACE (city or town) Sandpoint, Idaho
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME Pearl Smith

16. BIRTHPLACE (city or town) Idaho
(State or country) Montana

17. INFORMANT Pearl Brown
(Address) Sandpoint Idaho

18. BURIAL, CREMATION OR REMOVAL Funeral Home
Place Sandpoint Idaho Date Jan 26, 1938

19. UNDERTAKER W. H. Moore
(Address) Sandpoint Idaho

20. FILED Feb 7, 1938 Wing L. Chadwick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938, to Jan 25, 1938.

last saw h. alive on _____, 1938: death is said

to have occurred on the date stated above, at 3 m.

The principal cause of death and related causes of importance

were as follows: premature foetus 6 1/2 mo Bruch presentation difficult delivery Date of onset Jan 25 1938

Other contributory causes of importance:

Name of operation no Date of clinical

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so specify _____

(Signed) Wm F. Tyler M. D.

(Address) Sandpoint Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 9 262978	
County of <u>Canyon</u>	City of <u>Parma</u>	No. <u>3</u>	St. <u>Idaho</u>	JAN 31 1938	
(If born in hospital or institution give name)		Registration District No. <u>2007</u>	State File No. <u>2007</u>		
2. FULL NAME OF CHILD <u>Stillborn Pollard</u>		Prim. Registration District No. <u>3</u>	Local Registrar's No. <u>361</u>		
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>no</u> } 5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u> Full term <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan 5, 1938</u> (Month, Day, Year)	
9. Full name FATHER <u>William Pollard</u>		18. Full maiden name MOTHER <u>Vera Sivergest</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma</u>			
11. Color <u>White</u>		12. Age at last birthday <u>60</u> (years)		20. Color <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Mo.</u>		21. Age at last birthday <u>42</u> (years)		22. Birthplace (city or place) (State or Country) <u>Net.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
	16. Date (month and year) last engaged in this work <u>1-5, 1938</u>		25. Date (month and year) last engaged in this work <u>1-5, 1938</u>		
17. Total time (years) spent in this work <u>20</u>		26. Total time (years) spent in this work <u>15</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum?	
28. Number of children of this mother (At time of this birth and including this child)		(a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>7</u>			
29. If stillborn, period of gestation <u>6 months</u>		30. Cause of <u>Small Pox</u>		Before labor <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn, 6 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar,

(Signed) W. H. Mitchell, M. D.

or Parma Idaho, Midwife

Address 1-29-, 1938 Mr. Alice Ross

Filed 1-29-, 1938 Mr. Alice Ross

Registrar,



10 DL

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECORDED
JAN 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 2629 ⁸⁰₇₉

1. PLACE OF BIRTH
County of Canyon
City of Parma # 3
No. St.

Registration District No. 2007 State File No.

(If born in hospital or institution give name.) Prim. Registration District No. 3 Local Registrar's No. 361

2. FULL NAME OF CHILD Stillborn Pollard

3. Sex Female If plural births { 4. Twin, triplet, or other twins 5. Number, in order of birth 6. Premature yes 7. Legitimate? yes 8. Date of birth 1-5, 1938 (Month, Day, Year)

9. Full name William Pollard FATHER
10. Residence (usual place of abode) Parma
(If non-resident, give place and state)
11. Color of White 12. Age at last birthday 60 (Years)
13. Birthplace (city or place) Mo.
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming
16. Date (month and year) last engaged in this work 1-8, 1938
17. Total time (years) spent in this work 20

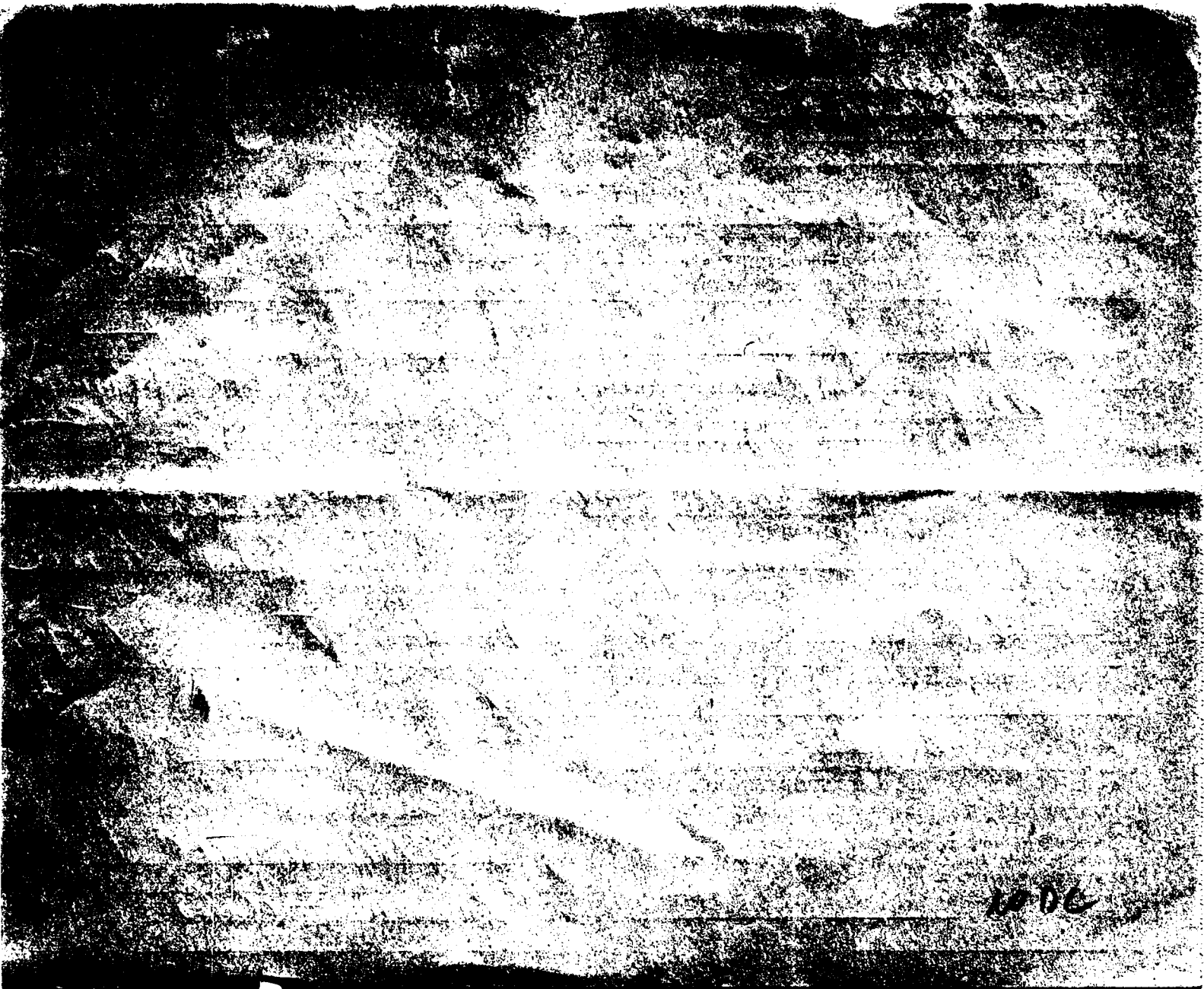
18. Full maiden name Vera Livergent MOTHER
19. Residence (usual place of abode) Parma
(If non-resident, give place and state)
20. Color of White 21. Age at last birthday 42 (Years)
22. Birthplace (city or place) Net.
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 1-5, 1938
26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
W (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 2
29. If stillborn, period of gestation 6 mo. { months or weeks
30. Cause of Small Pox Before labor yes During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 6:30 P. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report (Date of)
(Signed) D. M. Mitchell, M. D.
or , Midwife
Address Parma Idaho
Filed 1-29, 1938 Mar. Allen Ross Registrar.



1006

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Franklin</u>	City of <u>Clifton</u>	CERTIFICATE OF BIRTH S 263070	
No. _____	St. _____	Registration District No. _____	State File No. _____
(If born in hospital or institution give name)		Prim. Registration District No. _____	Local Registrar's No. <u>16</u>
2. FULL NAME OF CHILD <u>Baby Boy Ralph (Stillborn)</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>4 1/2</u> months Full term _____	7. Legitimate? <u>yes</u>
		8. Date of birth <u>Jan 8, 1938</u> (Month, Day, Year)	
9. Full name <u>Miss Carl Ralph</u>		18. Full maiden name <u>Florence Ellen Downs</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clifton</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>44</u> (years)		21. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Rockland Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Logan Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____	
16. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
17. Total time (years) spent in this work _____		19. _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>4 1/2</u> { months or weeks			
30. Cause of Stillbirth { During labor _____ Before labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

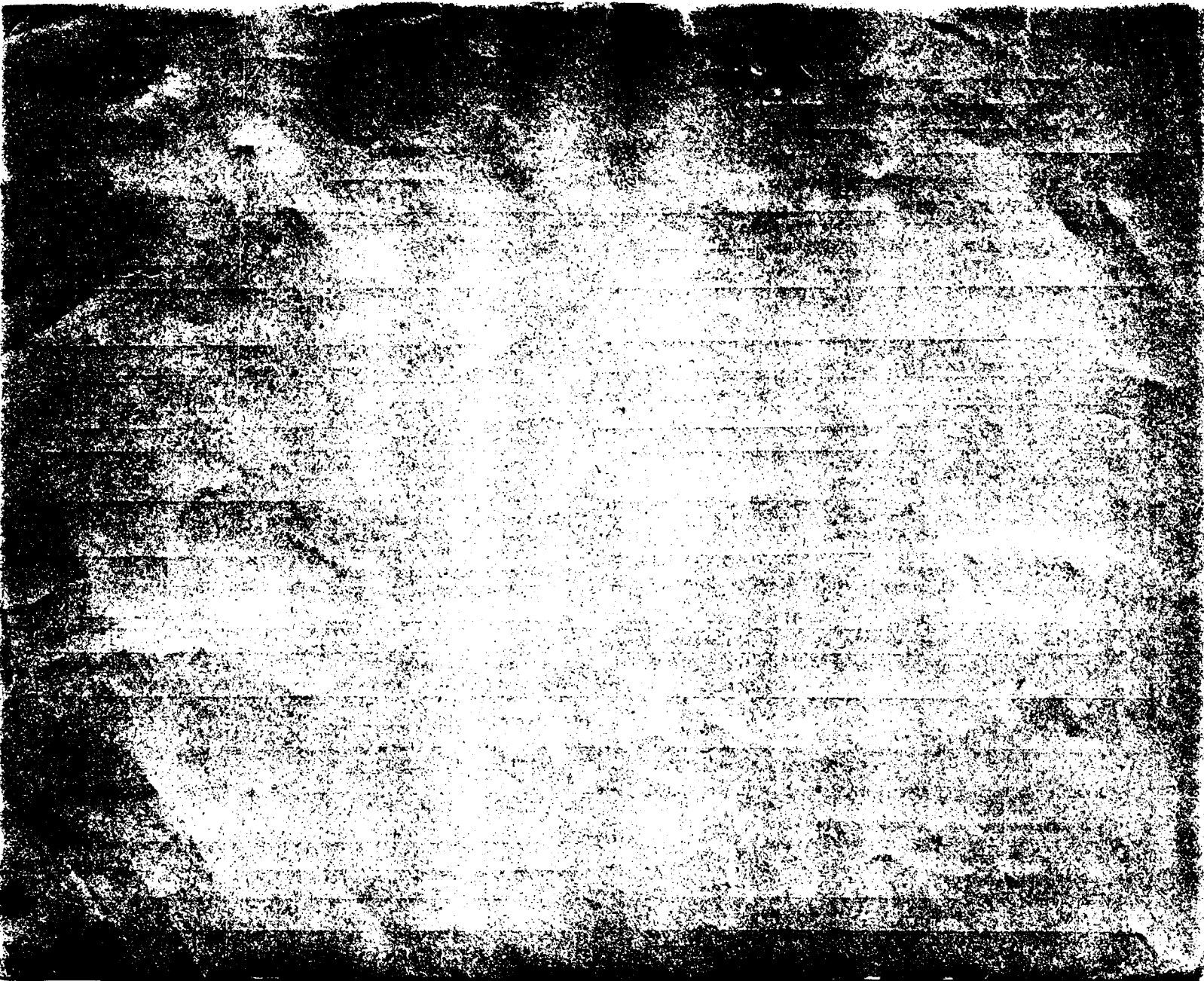
(Signed) D. H. Cutler, M. D.

or _____, Midwife

Address Preston, Idaho

Filed 2-8, 1938 G. W. Stokes

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 107791 State File No.	
County of <u>Franklin</u>	City of <u>Clifton</u>	CERTIFICATE OF DEATH			
Registration District No.		Primary Registration District No.		Local Registrar's No.	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Boy Ralph Stillborn</u>					
(a) Residence, No. <u>Clifton, Idaho</u>		St.			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred, yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>January 8, 1938</u>					
7. AGE <u>Stillborn</u>	Years <u>4 1/2 mo.</u>	Months <u>4 1/2 mo.</u>	Days	If LESS than 1 day... hrs. or min.	
8. Trade, profession, or particular kind of work done, as <u>planner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Clifton, Idaho</u> (State or country)					
13. NAME <u>Miss Carl Ralph</u>					
14. BIRTHPLACE (city or town) <u>Rockland, Idaho</u> (State or country)					
15. MAIDEN NAME <u>Florence Ellen Davis</u>					
16. BIRTHPLACE (city or town) <u>Logan, Utah</u> (State or country)					
17. INFORMANT <u>Miss Earl Ralphy</u> (Address) <u>Clifton, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Clifton</u> Date <u>Jan. 8, 1938</u>					
19. UNDERTAKER <u>None</u> (Address)					
20. FILED <u>2-8, 1938</u> <u>G. W. States</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>1-8-1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 8, 1938</u> to <u>Jan. 8, 1938</u> . I last saw him on <u>Jan. 8, 1938</u> ; death is said to have occurred on the date stated above, at <u>3:00 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Respiratory</u> <u>7 months</u>					
Date of onset <u>1-8-38</u>					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury, 1938. Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <u>G. W. States</u> M. D. (Address) <u>Clifton, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

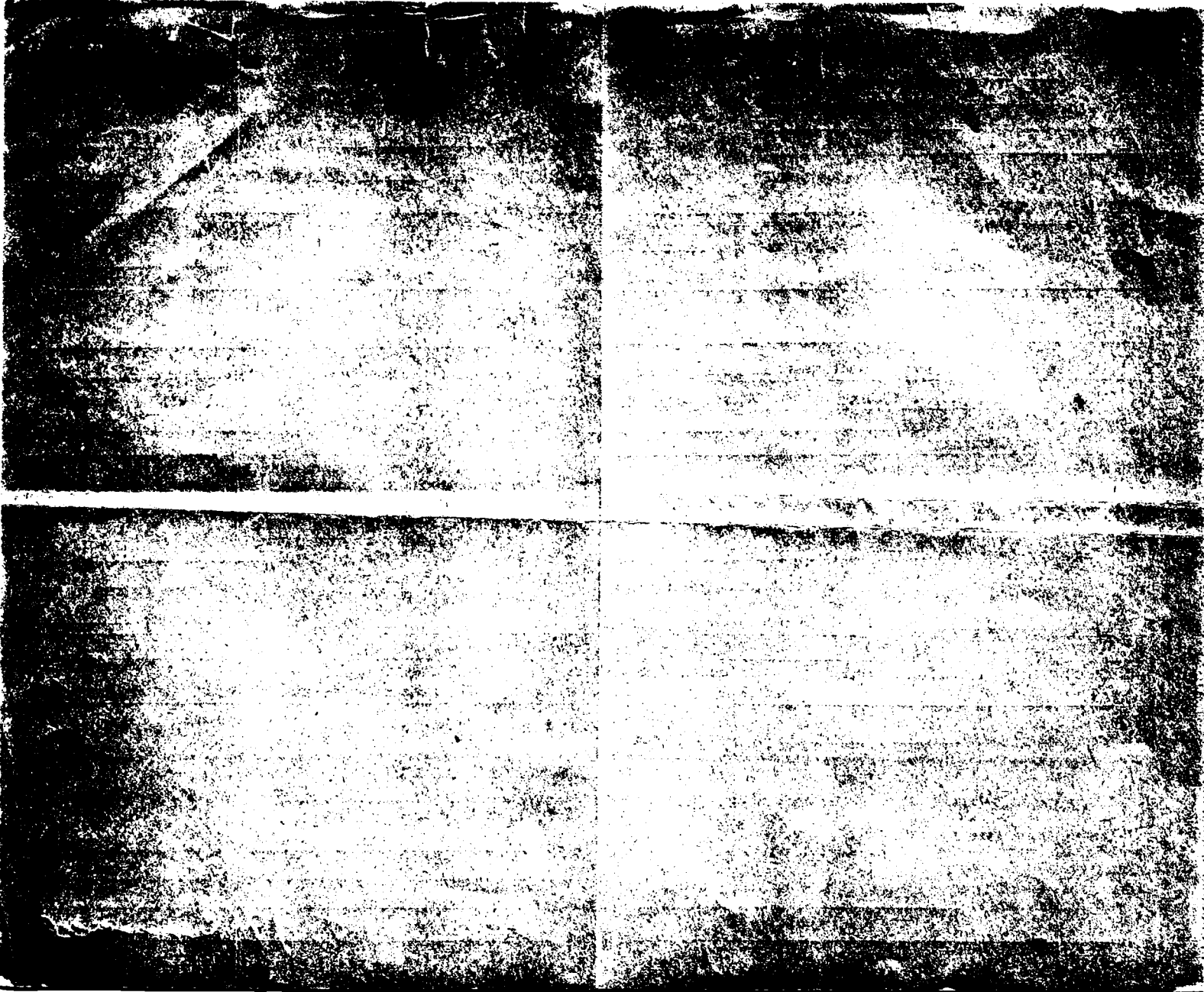
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH
County of Cooking
City of Cooking
No. _____ St. _____
Registration District No. 24 State File No. 263136
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 460
2. FULL NAME OF CHILD Thomas Frank Stillborn
3. Sex Male If plural births { 4. Twin, triplet, or other Prim 6. Premature Yes 7. Legitimate? Yes 8. Date of birth Jan 30 1935
(Month, Day, Year)
9. Full name FATHER Charles Lind MOTHER Gloria Myrtle Stuppi
10. Residence (usual place of abode) (If non-resident, give place and State) Cooking Id.
11. Color or race W. 12. Age at last birthday 2-8 (years)
13. Birthplace (city or place) (State or Country) Cone Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. lumber driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
18. Full maiden name _____ 19. Residence (usual place of abode) (If non-resident, give place and State) Cooking
20. Color or race W. 21. Age at last birthday no (years)
22. Birthplace (city or place) (State or Country) 6 out state
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Arg. sol.
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 4 (b) Born alive but now dead one (c) Stillborn one
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth Don't know { During labor yes Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:30 P m. on the date above stated.
(Born Alive or Stillborn)
(Signed) _____, M. D.
or _____, Midwife
Address Shoshone Idaho
Filed 2-8, 1935 J. H. C. Council
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding
City of Gooding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 24

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

State File No. _____

107807Local Registrar's No. 760

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Marvin Finch

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) January 30, 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day ✓ hrs. _____ or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Gooding
(State or country) Idaho13. NAME Charles Finch14. BIRTHPLACE (city or town) Boise
(State or country) Idaho15. MAIDEN NAME Grau M. Streifer16. BIRTHPLACE (city or town) Boise
(State or country) Idaho17. INFORMANT Charles Finch
(Address) Gooding, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Gooding, Ida. Date _____, 193819. UNDERTAKER J. A. E. Thompson
(Address) Gooding, Idaho20. FILED 1-31-1938 Registrar J. A. E. Thompson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 30 193822. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1938, to Jan 31, 1938I last saw him alive on _____, 1938; death is saidto have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

Still Born

Date of onset

Other contributory causes of importance:

Some signs of Placenta
and a torn Bdy.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) J. A. E. Thompson, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Idaho</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Cottonwood</u>		BUREAU OF VITAL STATISTICS	
No. <u>Cons. Lady of Consolation Hospital</u>		CERTIFICATE OF BIRTH S263152	
(If born in hospital or institution give name.)		Registration District No. <u>105</u>	State File No. <u>2</u>
Prim. Registration District No. <u>2183</u>		Local Registrar's No. <u>4</u>	
2. FULL NAME OF CHILD <u>Stieckborn</u>			
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth
		6. Premature <input checked="" type="checkbox"/>	7. Legitimate? <u>yes</u>
		Full term	8. Date of birth <u>Jan. 16, 1938</u> (Month, Day, Year)
9. Full name <u>Mr. Frank Albers</u>		18. Full maiden name <u>Hester Schaefer</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood</u>	
11. Color or race <u>W.</u>		20. Color or race <u>W.</u>	
12. Age, at last birthday <u>41</u> (years)		21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Hattensburg, Iowa</u>		22. Birthplace (city or place) (State or Country) <u>St. Bernard, Nebraska</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank Cashier</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		25. Date (month and year) last engaged in this work	
16. Date (month and year) last engaged in this work		26. Total time (years) spent in this work	
17. Total time (years) spent in this work <u>15 yrs.</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Erythrae</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>6</u> (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>7 months</u>		{ months or weeks	30. Cause of stillbirth <u>Uterine Toxicemia</u>
			{ Before labor <u>Yes</u> During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:20 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Healy J. Orr, M. D.

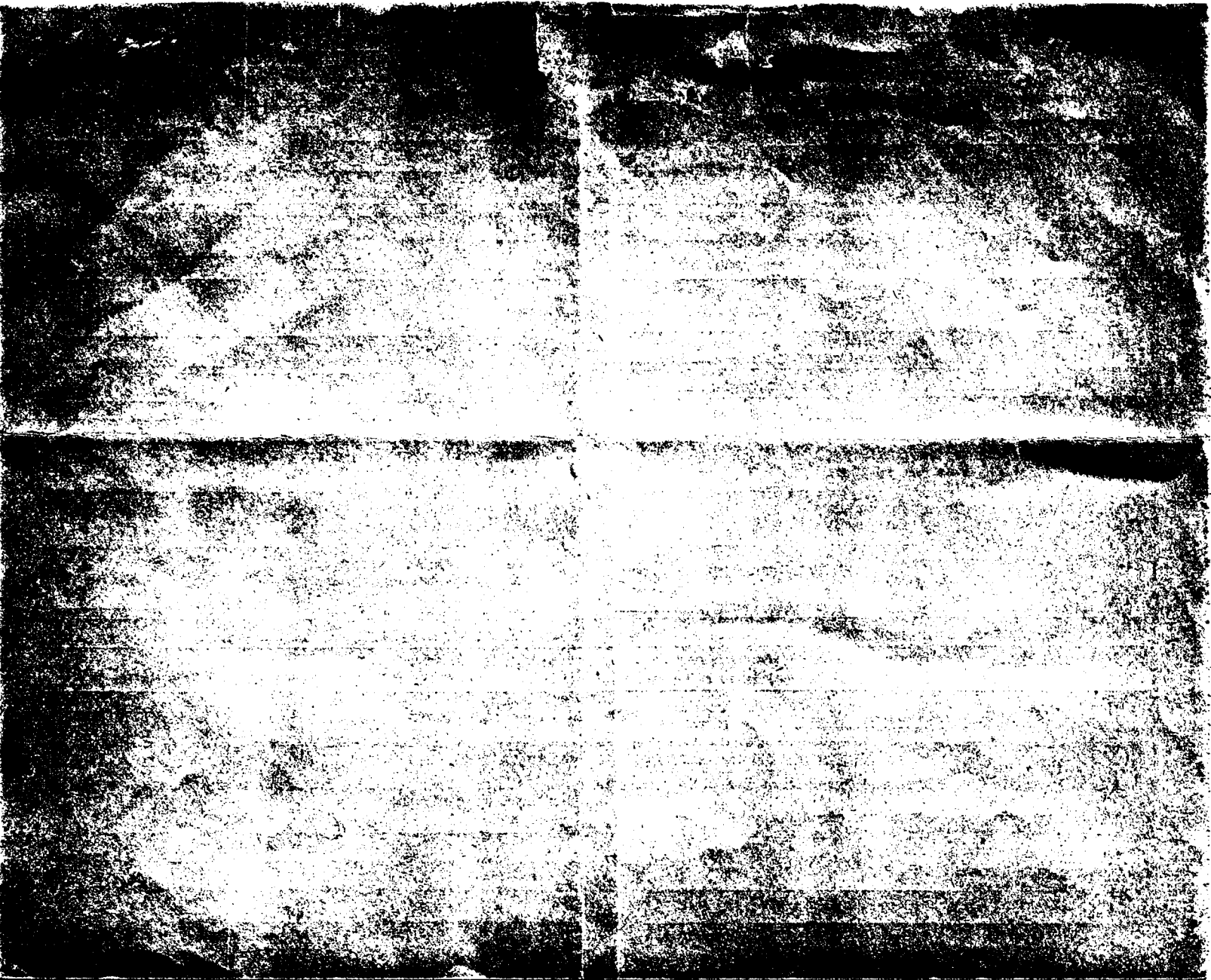
or _____, Midwife

Address Cottonwood, Idaho

Filed Jan. 31, 1938 H. J. Orr

Registrar.

per J. B.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 107809

Registration District No.

Primary Registration District No.

Local Registrar's No. 3

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race w 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

13. NAME Mr. Frank Albers

14. BIRTHPLACE (city or town) Gettensburg
(State or country) Iowa

15. MAIDEN NAME Gertrude Schaeffer

16. BIRTHPLACE (city or town) St. Bernard
(State or country) Nebraska

17. INFORMANT Frank Albers
(Address) Cottonwood, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date Jan 16, 1938

19. UNDERTAKER Father Verhoeven
(Address) per J.B.

20. FILED 1-15, 1938 M. F. Orr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 15 1938

22. I HEREBY CERTIFY, That I attended deceased from
....., 193...., to , 193....

I last saw h... alive on , 193....; death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Uremia, toxemia m. ritus,
Prematurity

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy? No

23. If death was due to exte'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Shelby T. Orr M. D.(Address) Cottonwood, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

84 7105 09 - 366

1. PLACE OF BIRTH Latah		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of Troy		JAN 14 1938	
City of Troy		CERTIFICATE OF BIRTH	
No. Troy Hospital St.		Registration District No. 64 State File No. 263233	
(If born in hospital or institution give name.)		Prim. Registration District No. 2144 Local Registrar's No.	
2. FULL NAME OF CHILD Stillborn Hughes			
3. Sex male	If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth.	6. Premature Full term yes	7. Legiti- mate? yes
8. Date of birth Jan 5 1938 (Month, Day, Year)			
9. Full name Ollie Hughes		10. Full name Edith Coon	
FATHER		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) Boville Ida		10. Residence (usual place of abode) (If non-resident, give place and State) Boville Ida	
11. Color or race white		11. Color or race white	
12. Age at last birthday 28 (years)		12. Age at last birthday 30 (years)	
13. Birthplace (city or place) (State or Country) Missouri		13. Birthplace (city or place) (State or Country) Idaho	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer		14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work 12/30/1937		16. Date (month and year) last engaged in this work 12/30/37	
17. Total time (years) spent in this work 7		17. Total time (years) spent in this work 5	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn one			
29. If stillborn, period of gestation 9 months { months or weeks			
30. Cause of Stillbirth asphyxia { During labor yes Before labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Born dead** at **3:30 A.M.** the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) **Charles Meyer**, M. D.

or _____, Midwife

Address **Troy, Idaho.**

Filed **Jan. 11**, 1938 **Mrs Charles Meyer**

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah
City of Troy

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 64Primary Registration District No. 2144

DO NOT WRITE IN THIS SPACE

State File No. 107846

JAN 14 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stellborn, Hughes

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Jan 5, 1938</u>		
7. AGE	Years	Months Days
If LESS than 1 day ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Troy
(State or country) Latah County Idaho

MOTHER FATHER	13. NAME <u>Edith Coon</u>
	14. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)
	15. MAIDEN NAME <u>Edith Coon</u>
	16. BIRTHPLACE (city or town) <u>Spokane</u> (State or country) <u>Wash.</u>
	17. INFORMANT <u>Edith Hughes</u> (Address) <u>Basin Idaho</u>
	18. BURIAL, CREMATION OR REMOVAL Place <u>Missouri</u> Date <u>1-6</u> , 193 <u>8</u>
19. UNDERTAKER <u>L. E. Fisher</u> (Address) <u>Troy Idaho</u>	
20. FILED <u>Jan. 6</u> , 193 <u>8</u> <u>Mrs. Chas. Meyer</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 5 193822. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1938, to Jan 5, 1938.I last saw him alive on Jan 5, 1938; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

was as follows:
StellbornBreech presentationasphyxia

Other contributory causes of importance:

Date of onset

1-5-38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) Chas. T. Meyer M. D.(Address) Troy Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of My Perce
City of Lewiston
No. St. Josephs Hosp. St. _____
(If born in hospital or institution give name.)
Registration District No. 1009 State File No. _____
Prim. Registration District No. 96 Local Registrar's No. _____
2. FULL NAME OF CHILD Baby still born Allman

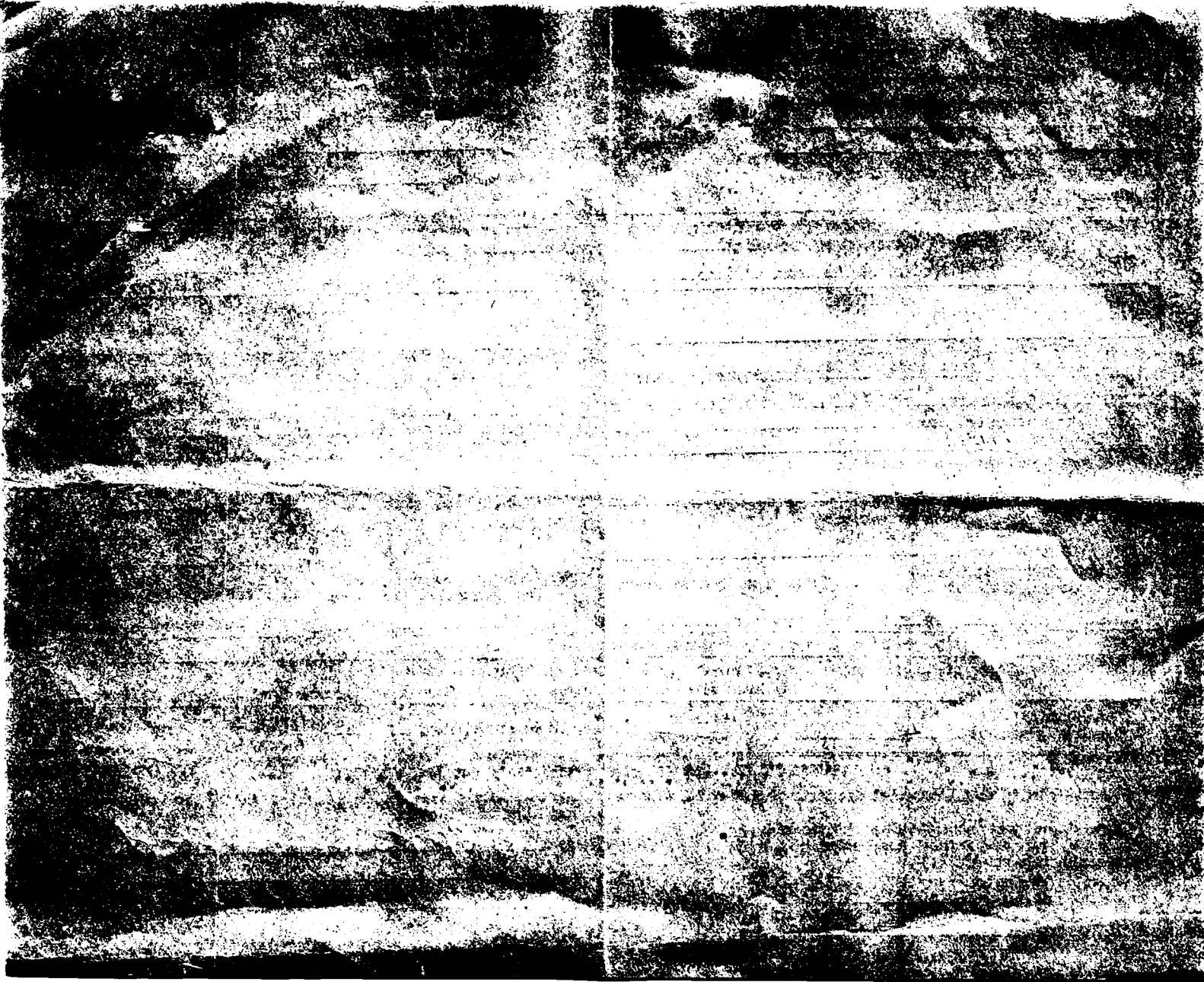
3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature yes Full term _____ 7. Legiti- mate? yes 8. Date of birth 1-14 1938
(Month, Day, Year)

9. Full name FATHER Wm Allman
10. Residence (usual place of abode) Lapwai Ida
(If non-resident, give place and State)
11. Color Indian 12. Age at last birthday 32 (years)
13. Birthplace (city or place) So. Dakota
(State or Country)

OCCUPATION	FATHER	OCCUPATION	MOTHER
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	18. Full maiden name <u>Morie Hannah Arthur</u>	19. Residence (usual place of abode) <u>Lapwai Ida</u> (If non-resident, give place and State)	20. Color or <u>Indian</u> 21. Age at last birthday <u>25</u> (years)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	22. Birthplace (city or place) <u>Idaho</u> (State or Country)	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 4 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 4 { months or weeks _____ 30. Cause of Stillbirth _____
During labor _____ Before labor Placental separation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was stillborn at 11 P. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. _____
(Signed) E. G. Broadbent M. D.
or _____ Midwife
Address Lewiston, Idaho
Filed Feb 10 1938 M. H. Cady
Registrar. _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nevada
City of Lewiston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1209

Primary Registration District No. 96

(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Allman

(a) Residence No. _____
(Usual place of abode)

St. Lapwai, Idaho
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>Indian</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Jan. 14, 1938</u>		
7. AGE Years _____	Months _____	Days _____
If LESS than 1 day ____ hrs or ____ min		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.) _____		
11. Total time (years) spent in this occupation _____		

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME William Allman

14. BIRTHPLACE (city or town) Pine Ridge
(State or country) S. Dakota

15. MAIDEN NAME Marie Arthur

16. BIRTHPLACE (city or town) Kamiah, Idaho
(State or country)

17. INFORMANT William Allman
(Address) Lapwai, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lapwai, Idaho Date Jan. 15, 1938

19. UNDERTAKER Brower & Sons Co.
(Address) Lewiston, Idaho

20. FILED Jan 15 1938
J. M. Carter
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 107888

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1938, to Jan 14, 1938
I last saw him alive on Jan 14, 1938; death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

Premature Delivery
4 mos gestation

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased no If so, specify _____

(Signed) J. M. Carter M. D.

(Address) Lewiston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—IN CASE OF BIRTH STATED, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Kellogg Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>Mary's Home</u> St.		CERTIFICATE OF BIRTH S 263386	
(If born in hospital or institution give name.)		Registration District No. <u>123</u>	State File No. <u>123</u>
2. FULL NAME OF CHILD <u>Baby - Snyder - Still Born</u>		Prim. Registration District No. <u>2201</u>	Local Registrar's No. <u>123</u>
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature. _____ Full term <u>X</u>	7. Legiti- mate? <u>yes</u>
9. Full name <u>Oran A. Snyder</u> FATHER		8. Date of birth <u>Jan 3, 1908</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>		18. Full maiden name <u>Jewelitta Vulk</u> MOTHER	
11. Color or race <u>W</u> 12. Age at last birthday <u>30</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>	
13. Birthplace (city or place) (State or Country) <u>Montana</u>		20. Color or race <u>W</u> 21. Age at last birthday <u>38</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		22. Birthplace (city or place) (State or Country) <u>Montana</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother _____ (At time of this birth and including this child)		29. If stillborn, <u>full term</u> { months or weeks _____	
(a) Born alive and now living _____		30. Cause of stillbirth <u>Breech presentation</u> { Before labor _____ During labor <u>✓</u>	
(b) Born alive but now dead <u>✓</u>			
(c) Stillborn <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:45 PM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar,

(Signed) M. C. Lindsay

M. D.

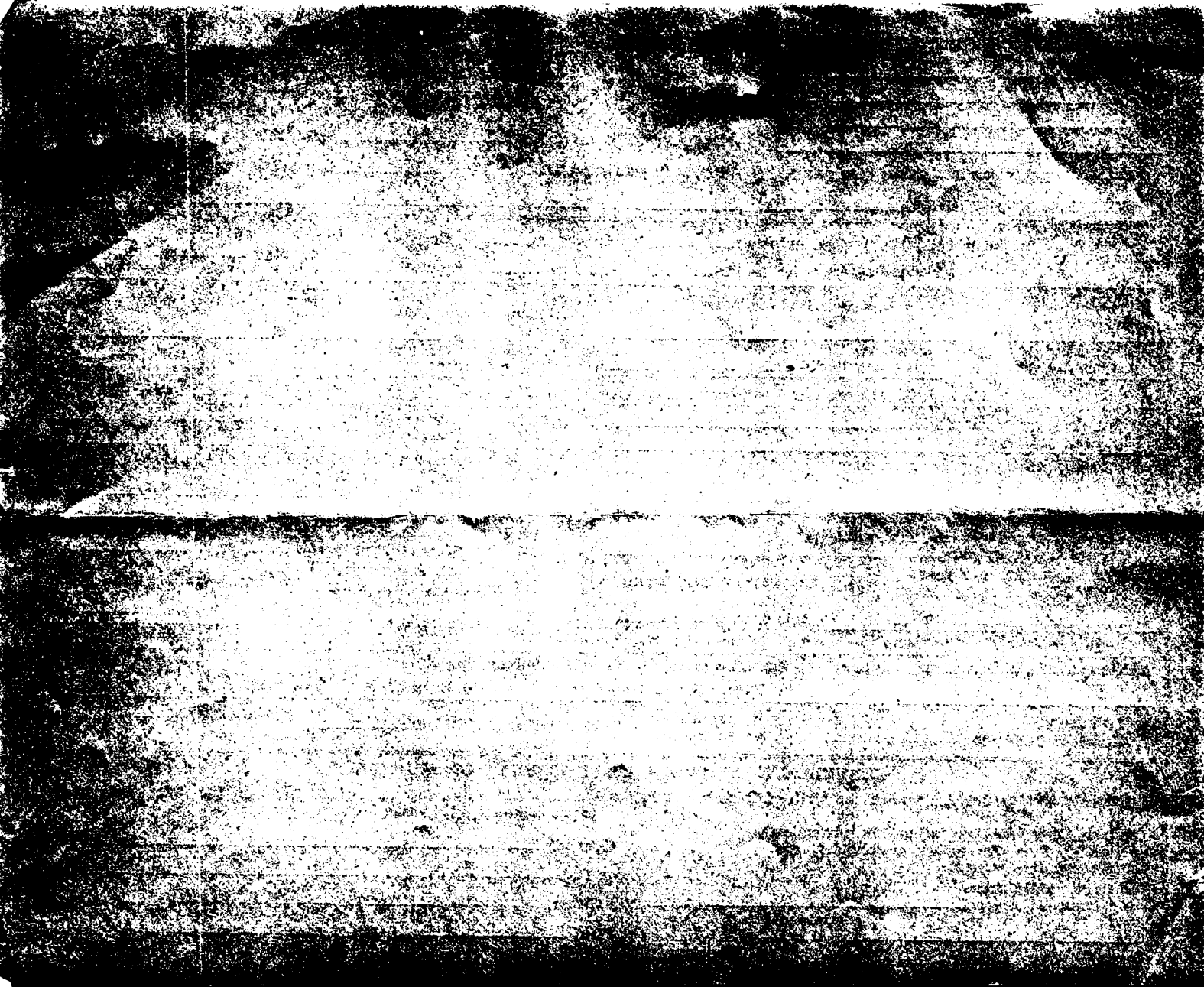
or _____

Midwife

Address Kellogg Idaho

Filed Jan 6, 1908

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Kellogg
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 107919

Registration District No. 123
Primary Registration District No. 2201

Local Registrar's No. 987

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Snyder
(a) Residence No. Kellogg, Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color of Race White 5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) Jan 3, 1938
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Kellogg (State or country) Idaho

13. NAME O. A. Snyder

14. BIRTHPLACE (city or town) Winham (State or country) Montana

15. MAIDEN NAME Jewetta Vulk

16. BIRTHPLACE (city or town) Montana (State or country) _____

17. INFORMANT O. A. Snyder (Address) Kellogg Idaho

18. BURIAL, CREMATION OR REMOVAL Place Kellogg Date Jan 4, 1938

19. UNDERTAKER P. B. Thorne (Address) Kellogg Idaho

20. FILED Jan 6, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1938, to _____, 1938.

I last saw h. _____ alive on _____, 1938: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still Born. Date of onset _____

Other contributory causes of importance: _____

Still presentation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) O. A. Snyder M. D.
(Address) Kellogg Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

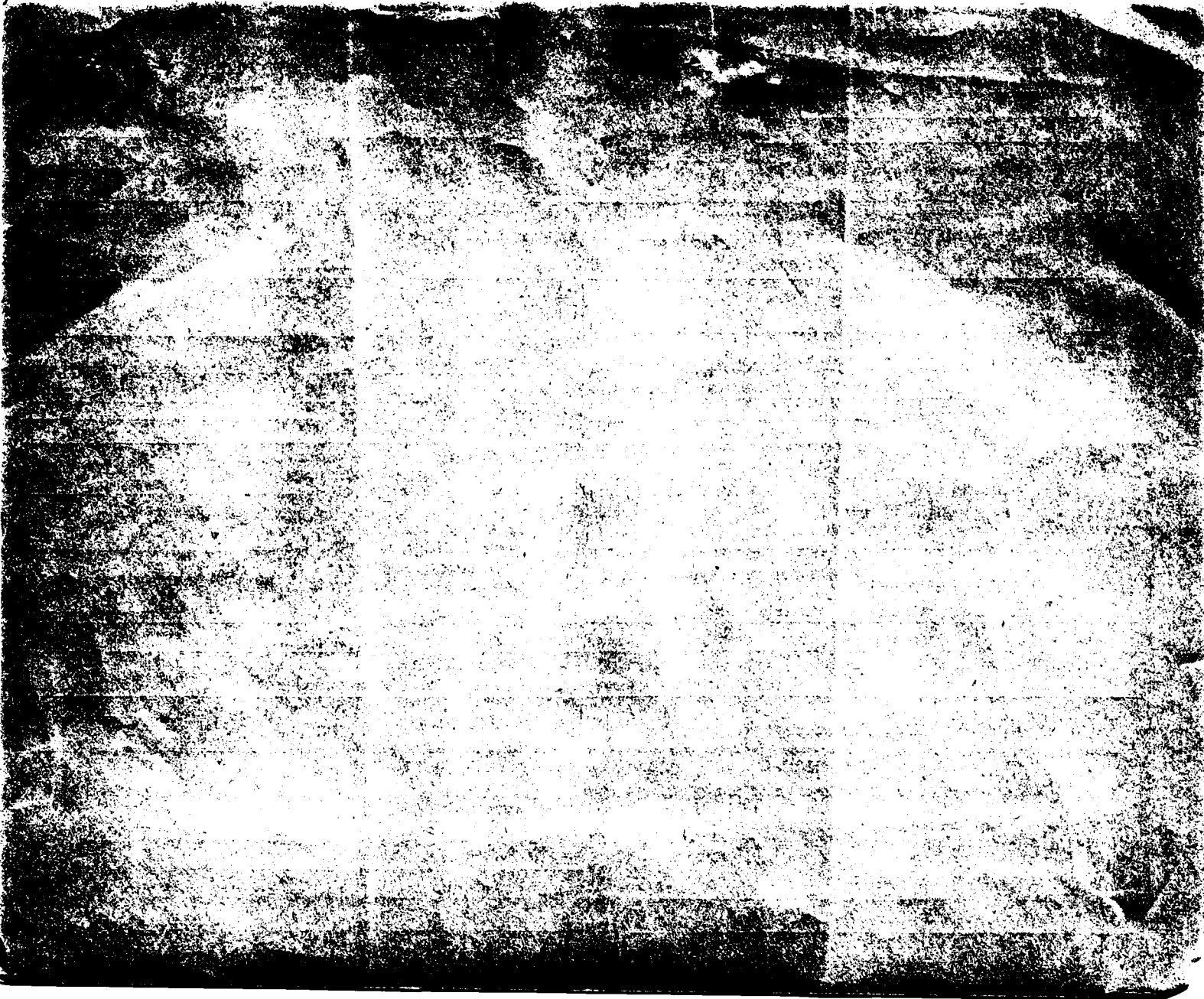
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Bosse</u> No. <u>St. Alphonsus</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S263607 Registration District No. <u>2</u> State File No. _____ Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>85</u> <u>Stillborn</u>	
2. FULL NAME OF CHILD _____			
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>✓</u> Full term _____	7. Legitimate? <u>✓</u>
8. Date of birth <u>1.3. 1938</u> (Month, Day, Year)			
9. Full name FATHER <u>Claud Francis Wiest</u>		18. Full maiden name MOTHER <u>Margaret Augustina Margolis</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>RT. Meridian</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>RT. 2 Meridian</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>32</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Meriden</u>		22. Birthplace (city or place) (State or Country) <u>Bosse Ida</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Home</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Self</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work <u>10 Dec 1938</u>		25. Date (month and year) last engaged in this work <u>11 Dec 1938</u>
17. Total time (years) spent in this work <u>6</u>		26. Total time (years) spent in this work <u>2</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>5 wks premature</u> months or weeks		30. Cause of stillbirth { Before labor _____ During labor <u>During labor</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>10 4</u> pm. on the date above stated. (Born Alive or Stillborn) (Signed) <u>R. E. Jewell</u> , M. D. or _____, Midwife Address <u>Meridian</u> Filed <u>2-7</u> , 1938 <u>R. E. Jewell</u> Registrar. Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of IdahoCity of Bowser

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Wilnot(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Jan 3, 1938</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (city or town) Bowser
(State or country) Idaho13. NAME Claude Wilnot14. BIRTHPLACE (city or town) St Charles
(State or country) Missouri15. MAIDEN NAME Margaret Murgotio16. BIRTHPLACE (city or town) Bowser
(State or country) Idaho17. INFORMANT Claude Wilnot
(Address) Mendocino RD #218. BURIAL, CREMATION OR REMOVAL
Place Morris Free Date Jan 4, 193819. UNDERTAKER B. W. Robison
(Address) Mendocino Rd20. FILED 1-4, 1938 R. Sharp
Registrar

DO NOT WRITE IN THIS SPACE

107604

State File No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 3 193822. I HEREBY CERTIFY, That I attended deceased from
Jan 3, 1938, to Jan 3, 1938I last saw her alive on Jan 3, 1938: death is saidto have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:Stilborn

Date of onset

Jan 3,

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____(Signed) R. Sharp, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Maize</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S263678		
(If born in hospital or institution give name.)		Registration District No. <u>84</u>	State File No. _____	
2. FULL NAME OF CHILD <u>Boley Bumble</u>		Prim. Registration District No. <u>246</u>	Local Registrar's No. <u>16</u>	
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan 16, 1938</u> (Month, Day, Year)
9. Full name FATHER <u>James Bumble</u>		18. Full maiden name MOTHER <u>Emma Marsh</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pracegahn</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pracegahn</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>44</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Port Wengate</u> <u>Arizona</u>		22. Birthplace (city or place) (State or Country) <u>Kimwood</u> <u>Utah</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Iron laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Employer's firm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. Date (month and year) last engaged in this work <u>Jan, 1938</u>		25. Date (month and year) last engaged in this work <u>Jan, 1938</u>	
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work <u>Life</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>				
28. Number of children of this mother (At time of this birth and including this child)		(a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>2</u>		
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor. _____ During labor. _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10:00 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

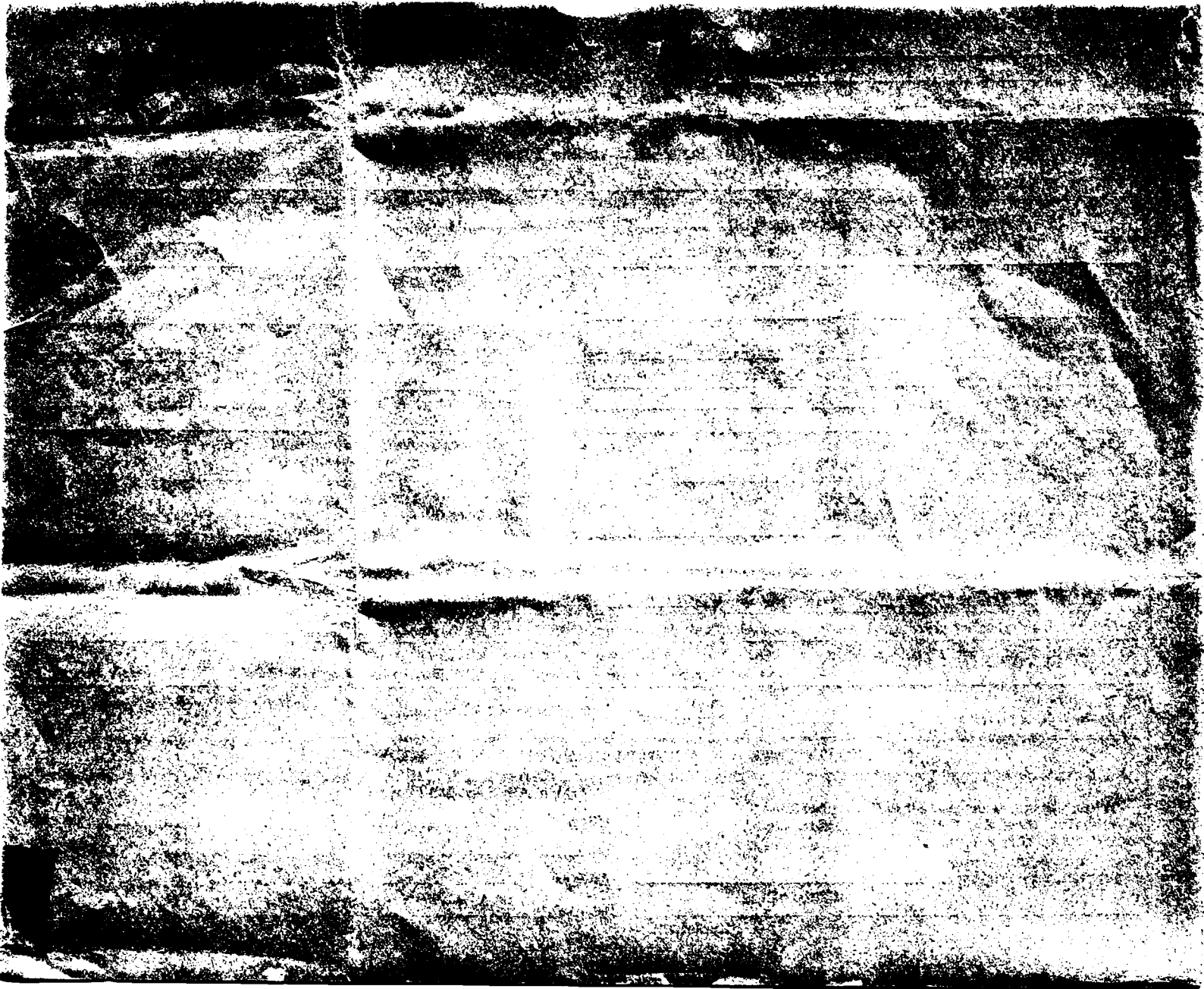
(Signed) E. S. Bower, M. D.

or _____, Midwife

Address Maize Idaho

Filed Feb 9, 1938 Mrs. J. G. Felt

Registrar



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bernard
City of Elmore

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 84

Primary Registration District No. 2161

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Sample

(a) Residence. No. _____ St. Brace Delo

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Jan 16, 1938</u>		
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
		If LESS than 1 day ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>0</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) <u>12</u>	
	11. Total time (years) spent in this occupation <u>0</u>	

12. BIRTHPLACE (city or town) Brace Delo
(State or country)

MOTHER	13. NAME <u>James Sample</u>
	14. BIRTHPLACE (city or town) <u>Port Weir</u> (State or country) <u>Arizona</u>
	15. MAIDEN NAME <u>Emma Marsh</u>
	16. BIRTHPLACE (city or town) <u>Timber</u> (State or country) <u>Utah</u>

17. INFORMANT (Address) _____

18. BURIAL, CREMATION OR REMOVAL Place Brace Cemetery Date Jan 17, 1938

19. UNDERTAKER (Address) None

20. FILED 2/9 - 1938 Mrs G G Fitz
Registrar

DO NOT WRITE IN THIS SPACE

108038

State File No. _____

Local Registrar's No. 4

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Jan 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1938, to Jan 16, 1938
I last saw him on Jan 16, 1938; death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Stillborn

Date of onset Jan 16, 1938

Other contributory causes of importance:

Hydrocephalus
Spina Bifida

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify 0

(Signed) E. S. Overman, M. D.

(Address) Brace Delo

To be complete, an occupation return must state:

- In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JAN 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S263773

1. PLACE OF BIRTH
County of Bonner
City of Blanchard
No. _____ St. _____

Registration District No. 45 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 3

2. FULL NAME OF CHILD Infant Hardt - 3rd born

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>1-9</u> , 193 <u>8</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER Arthur John Hardt
10. Residence (usual place of abode) Blanchard
(If non-resident, give place and State) _____
11. Color or race W. 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Wala Wala
(State or Country) Wash.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill
16. Date (month and year) last engaged in this work at present
17. Total time (years) spent in this work 5

18. Full maiden name MOTHER Ima Kathern Edgar
19. Residence (usual place of abode) Blanchard
(If non-resident, give place and State) _____
20. Color or race W. 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Nebraska
(State or Country) _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. Kuper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work at present, 1938
26. Total time (years) spent in this work 1

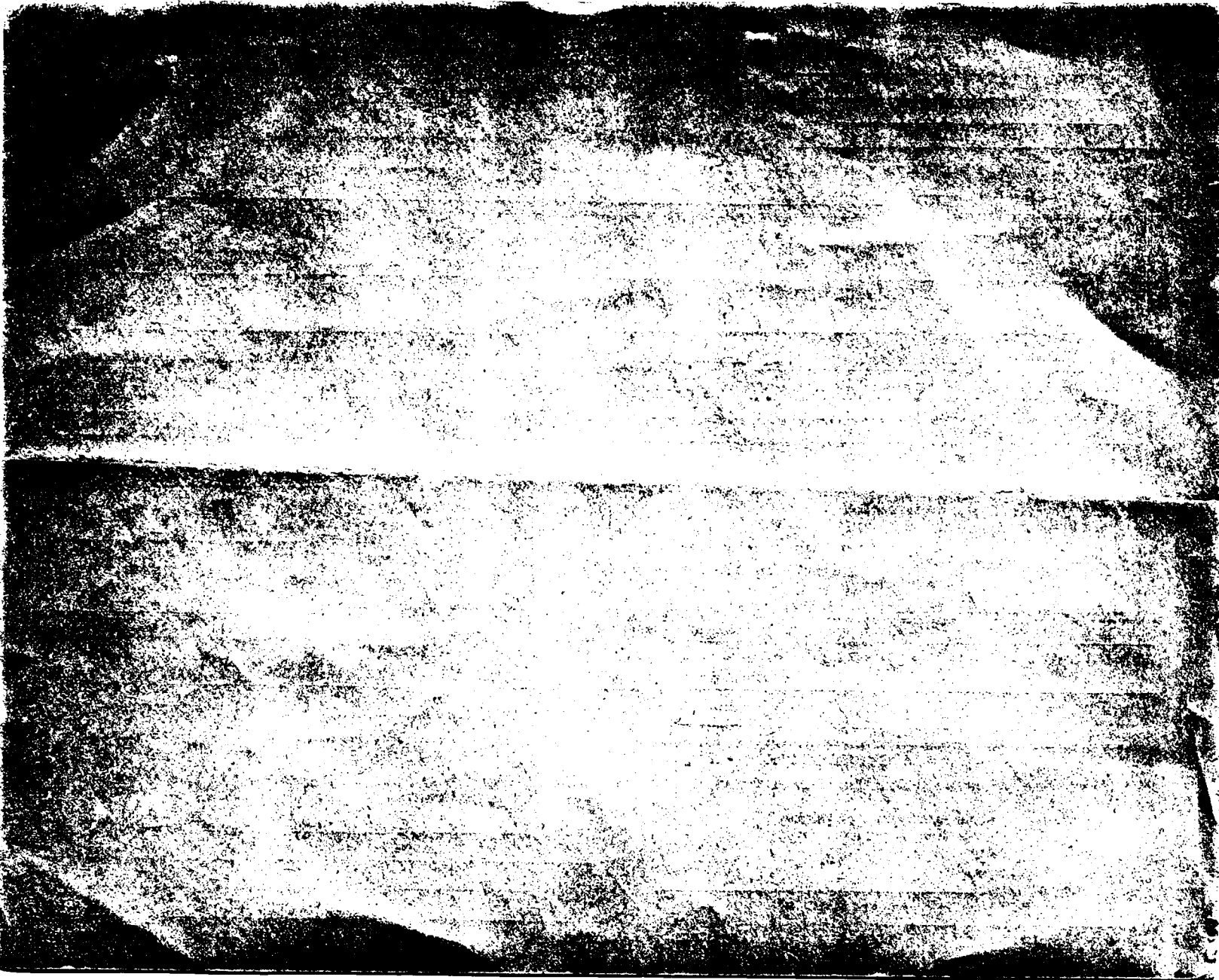
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 6 months or weeks {
30. Cause of stillbirth ? { Before labor X
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Still born) at 9 A. m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Forrest Louluisan, M. D.
or _____, Midwife
Address Spirit Lake, Id.
Filed Feb 10, 1938 W. C. Spooner
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 263780

Registration District No. 78 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2105 Local Registrar's No. 35

2. FULL NAME OF CHILD (STILLBORN) GLORIA CHILCOTE

3. Sex <u>Female</u>	4. Twin, triplet, or other births { 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb. 16, 1938</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	--

9. Full name
FATHER
Lewis Chilcote

18. Full
maiden
name
MOTHER
Grace Boyle

10. Residence (usual place of abode)
(If non-resident, give place and State) Morton Ida.

19. Residence (usual place of abode)
(If non-resident, give place and State) Morton, Ida

11. Color or race white | 12. Age at last birthday 43 (years)

20. Color or race white | 21. Age at last birthday 40 (years)

13. Birthplace (city or place) Payne County, Okla.
(State or Country)

22. Birthplace (city or place) Relston, Okla.
(State or Country)

OCCUPATION
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Rancher

OCCUPATION
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Own Ranch

OCCUPATION
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own Home

16. Date (month and year)
last engaged in this work
Feb., 1938

17. Total time (years) spent
in this work 20

OCCUPATION
25. Date (month and year)
last engaged in this work
Feb., 1938

26. Total time (years) spent
in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn,
period of gestation Full Term {
months
or weeks

30. Cause of stillbirth {
Torsion Cord
Before labor Yes
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

A.M.

I hereby certify that I attended the birth of this child, who was Stillborn at 10:45 on the date above stated.

(Born Alive or Stillborn)

(Signed) Wm F. Taylor, M. D.

or _____, Midwife

Address Sandpoint, Idaho

Filed Mar 7, 1938 Virginia C. Goodwin

Registrar.

Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

1. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 2. Date of birth: **1910**
 3. Place of birth: **NEW YORK**
 4. Present address: **1000 10th Ave. New York 17, N.Y.**
 5. Date of issue: **1940**
 6. Name of issuing office: **NEW YORK**

7. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 8. Date of birth: **1910**
 9. Place of birth: **NEW YORK**
 10. Present address: **1000 10th Ave. New York 17, N.Y.**
 11. Date of issue: **1940**
 12. Name of issuing office: **NEW YORK**

13. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 14. Date of birth: **1910**
 15. Place of birth: **NEW YORK**
 16. Present address: **1000 10th Ave. New York 17, N.Y.**
 17. Date of issue: **1940**
 18. Name of issuing office: **NEW YORK**

19. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 20. Date of birth: **1910**
 21. Place of birth: **NEW YORK**
 22. Present address: **1000 10th Ave. New York 17, N.Y.**
 23. Date of issue: **1940**
 24. Name of issuing office: **NEW YORK**

25. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 26. Date of birth: **1910**
 27. Place of birth: **NEW YORK**
 28. Present address: **1000 10th Ave. New York 17, N.Y.**
 29. Date of issue: **1940**
 30. Name of issuing office: **NEW YORK**

31. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 32. Date of birth: **1910**
 33. Place of birth: **NEW YORK**
 34. Present address: **1000 10th Ave. New York 17, N.Y.**
 35. Date of issue: **1940**
 36. Name of issuing office: **NEW YORK**

37. Name of person to whom this card is issued: **JOHN J. CONNELLEY**
 38. Date of birth: **1910**
 39. Place of birth: **NEW YORK**
 40. Present address: **1000 10th Ave. New York 17, N.Y.**
 41. Date of issue: **1940**
 42. Name of issuing office: **NEW YORK**

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of **Bonner**
City of **Sandpoint**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. **78**
Primary Registration District No. **2155**

DO NOT WRITE IN THIS SPACE

State File No. **108076**Local Registrar's No. **10**

RECEIVED
MAR 12 1938

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **STILLBORN CHILCOTE**

(a) Residence No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX **FEMALE** 4. Color or Race **WHITE** 5. Single, Married, Widowed or ~~SINGLE~~ (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) **FEBRUARY 16th 1938**

7. AGE Years Months Days If LESS than 1 day hrs. or min.
stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **SANDPOINT**
(State or country) **IDAHO**

13. NAME **LOUIS CHILCOTE**

14. BIRTHPLACE (city or town) **OKLAHOMA**
(State or country)

15. MAIDEN NAME **LYDA GRACE BOYLE**

16. BIRTHPLACE (city or town) **OKLAHOMA**
(State or country)

17. INFORMANT **Louis Chilcote**
(Address) **City**

18. BURIAL, CREMATION OR REMOVAL Place. **Pinecrest Cem. Sandpoint, Ida Feb. 17, 1938**

19. UNDERTAKER **L. G. Moon**
(Address) **Sandpoint, Idaho.**

20. FILED **Mar 8 1938** **Virginia E. Haskins**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 16**, 1938, to **Feb. 16**, 1938.

I last saw him alive on 1938: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Did several days before birth 9 months fetus cause unknown

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938.

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? **no** If so, specify

(Signed) **Wm. F. Tyler**, M. D.(Address) **Sandpoint, Idaho**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

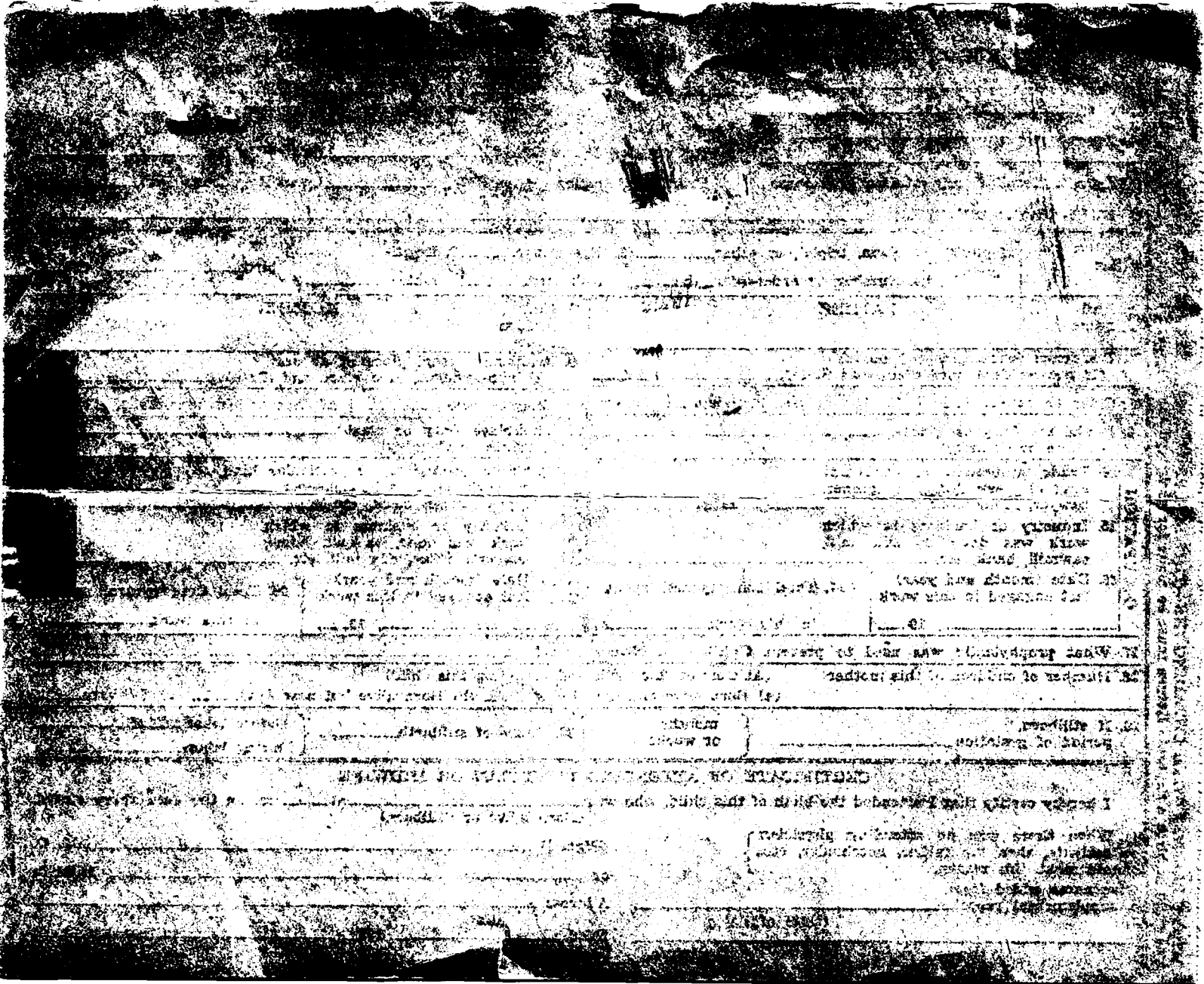
1. PLACE OF BIRTH County of <u>Bonanza</u> City of <u>Idaho Falls</u> No. _____ St. _____		RECEIVED FEB 8 1938		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 263788	
(If born in hospital or institution give name)		Registration District No. <u>13</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Baby - Esley - Stillborn</u>		Prim. Registration District No. <u>2158</u>		Local Registrar's No. <u>24</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>1-5-1938</u> (Month, Day, Year)	
9. Full name <u>M. Wallard Esley -</u> FATHER		18. Full maiden name <u>Ann Meyers</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>32</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		21. Age at last birthday <u>32</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>At home</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>At home</u>			
16. Date (month and year) last engaged in this work <u>1-4-1938</u>		17. Total time (years) spent in this work <u>3 yrs</u>		25. Date (month and year) last engaged in this work <u>1-5-1938</u>	
26. Total time (years) spent in this work <u>3 yrs</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother <u>1</u> (At time of this birth and including this child)		(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>3</u> { months _____ or weeks _____		30. Cause of stillbirth { Before labor <u>Yes</u> During labor <u>No</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 9 15 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) E. L. Carter, M. D.
or Box 566 Midwife
Address Idaho Falls
Filed 2-4-7, 1938 C. C. Funn
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 263807

1. PLACE OF BIRTH
County of Bannock
City of Dulles
No. _____ St. _____

Registration District No. 73 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 21 Local Registrar's No. 69

2. FULL NAME OF CHILD

Infant Quinton - Sullivan

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature yes 7. Legitimate yes 8. Date of birth Feb 27 1938 (Month, Day, Year)

9. Full name FATHER Tom Kelly

18. Full maiden name MOTHER Dorothy A. Sullivan

10. Residence (usual place of abode) (If non-resident, give place and State) Unknown

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

11. Color or race W 12. Age at last birthday 40 (years)

20. Color or race W 21. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Unknown

22. Birthplace (city or place) (State or Country) Idaho Falls

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Student

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Unknown

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? L

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 to 8 mo { months or weeks _____ 30. Cause of stillbirth PT { Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Shelby 540 HR on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

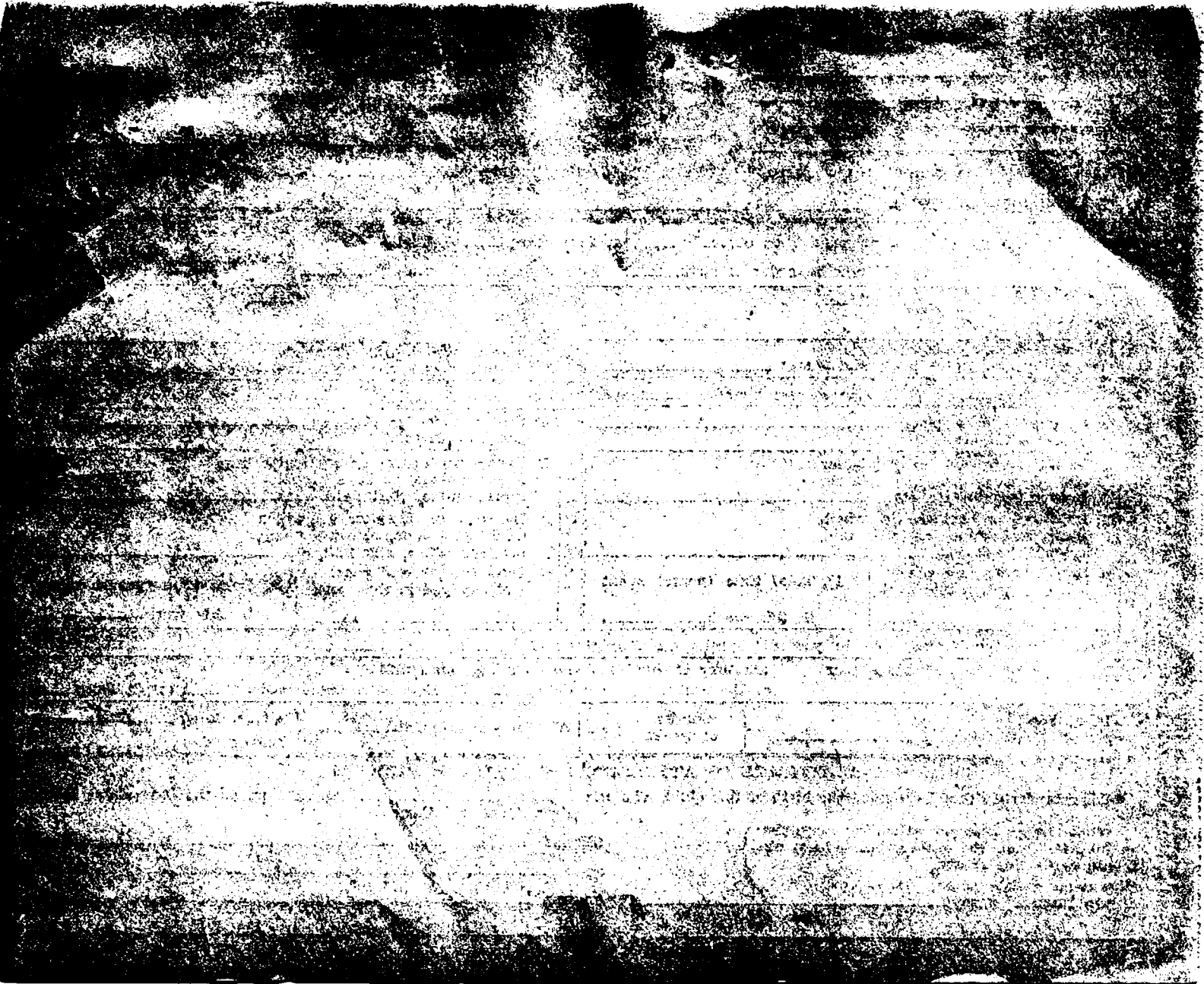
(Signed) W. C. Sullivan M. D.

or _____ Midwife

Address Idaho Falls

Filed Jan 21 1938 G. W. Sullivan

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF IDAHO

County of Bonneville
City of Idaho Falls

BUREAU OF PUBLIC WELFARE
VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 13Primary Registration District No. 2172(No. 1111)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 372. FULL NAME Infant Dutton(a) Residence No. Diffusion Ave

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) S

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Feb 21 1938

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Born Nov 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls Ida
(State or country)

13. NAME Tom Kelly

14. BIRTHPLACE (city or town) Idaho Falls
(State or country)

15. MAIDEN NAME Dorothy Dutton

16. BIRTHPLACE (city or town) Idaho Falls
(State or country)

17. INFORMANT Bureau Dutton
(Address) Idaho Falls Ida

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Feb 29 1938

19. UNDERTAKER Edith Hayes
(Address) Idaho Falls Ida

20. FILED 2/21 1938 Registrar.

DO NOT WRITE IN THIS SPACE

2 GETTING
State File No. 108090

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 27 193822. I HEREBY CERTIFY That I attended deceased from Feb 27 1938, to Feb 27 1938

I last saw him alive on Feb 27 death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillbirth

Date of onset

2-27-38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: _____

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes If so specify _____

(Signed) Dr. E. E. Smith(Address) Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Caldwell, Idaho
No. _____ St. _____
Caldwell Sanitarium

(If born in hospital or institution give name)

2. FULL NAME OF CHILD

Stillborn—not named

3. Sex
Female

If plural
births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature yes

Full term

7. Legiti-

mate? yes

8. Date of

birth January 20, 1938
(Month, Day, Year)

9. Full
name

FATHER

Galen B. Hulse

10. Residence (usual place of abode)

(If non-resident, give place and State) Eagle, Idaho

11. Color or race White

12. Age at last birthday 28 (years)

13. Birthplace (city or place)

Colorado

(State or Country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year)
last engaged in this work

17. Total time (years) spent

in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

1% Silver Nitrate

28. Number of children of this mother 1

(At time of this birth and including this child)

(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn,
period of gestation

months
or weeks

30. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ on the date above stated.

(Born Alive or Stillborn)

(Signed)

C. M. Kelsey, M. D.

M. D.

or

Midwife

Address

Caldwell, Idaho

Filed

Jan 9

1938

Orville Johnson
Eagle, Idaho Registrar

Registrar

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report

(Date of)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 263864

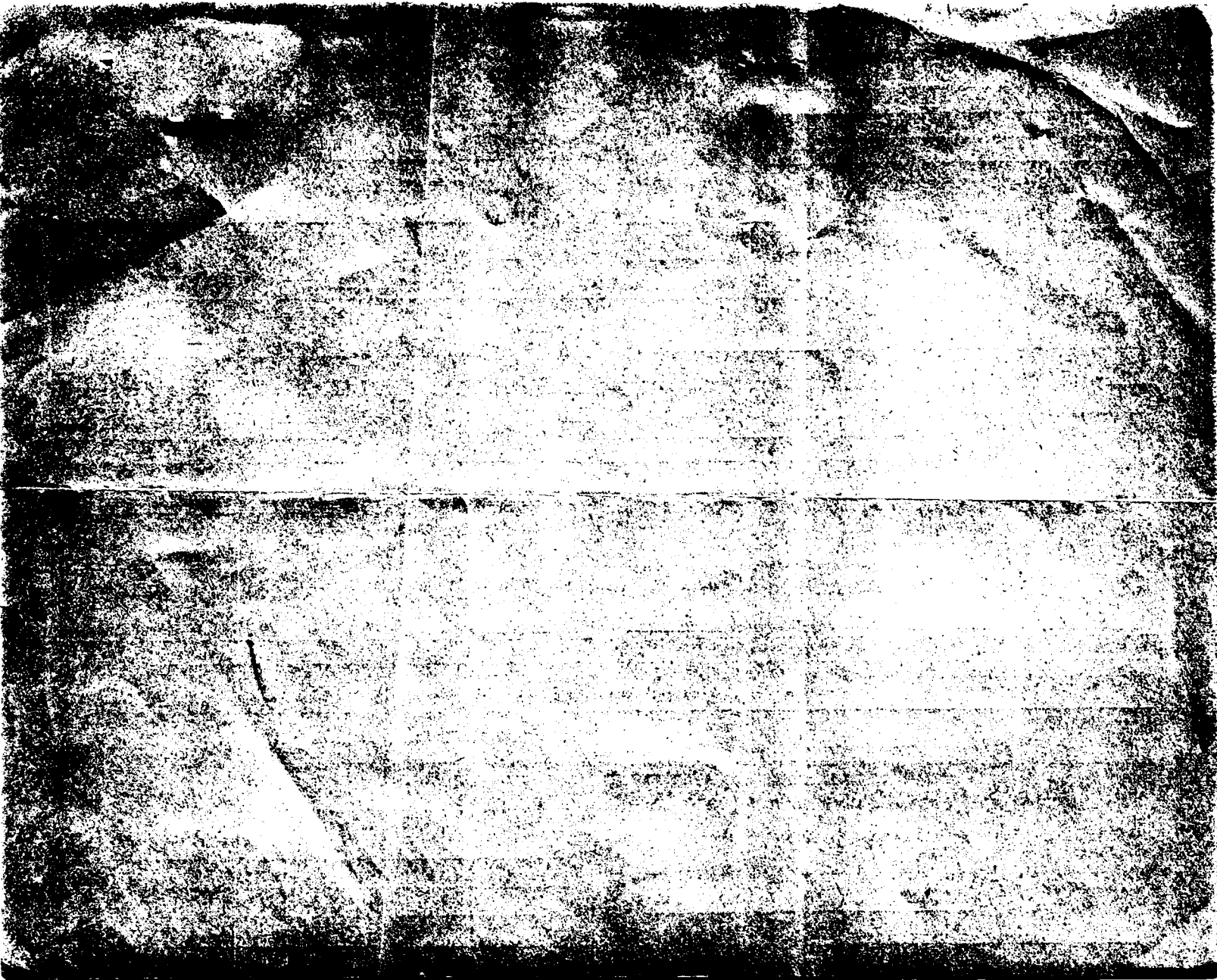
Registration District No. 7-10

State File No. _____

Prim. Registration District No. 7-10

Local Registrar's No. 2

death cert. filed from Adam C.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Star

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1-10Primary Registration District No. 1-10

DO NOT WRITE IN THIS SPACE

State File No. 107598Local Registrar's No. 1

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hulse(a) Residence No. New York 2nd St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Stillborn

7. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Galen B. Hulse14. BIRTHPLACE (city or town) (State or country) Horton Colo.15. MAIDEN NAME Caroline Brown16. BIRTHPLACE (city or town) (State or country) Polk Mo.17. INFORMANT Galen B. Hulse (Address) Star, Ida.18. BURIAL, CREMATION OR REMOVAL On other farm Date 1-21, 193819. UNDERTAKER Frank L. Bace (Address) Baldwell, Ida.20. FILED 1-25, 1938 Star, Ida. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1-20 1938

22. I HEREBY CERTIFY That I attended deceased from 1-20, 1938 to 1-20, 1938.
I last saw him alive on 1-20, 1938; death is said to have occurred on the date stated above, atm.
The principal cause of death and related causes of importance were as follows:

Date of onset
Stillborn
Premature

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury, 1938.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

(Signed) M. Hulse M.D.(Address) Baldwell, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

39 HBS 014-769

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 263873

MAR 7-1930
Registration District No. 1 State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. 1005 Local Registrar's No. 52

2. FULL NAME OF CHILD Stillborn Male Cram

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/>	8. Date of birth <u>Feb. 5, 1928</u> (Month, Day, Year)
-----------------------	--	---	--	--

9. Full name <u>Marlyn Raymond Cram</u>	FATHER	18. Full maiden name <u>Franus Marie Painter</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hamudale, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hamudale, Idaho</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>18</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>15</u> (years)
13. Birthplace (city or place) (State or Country) <u>Murray, Utah</u>		22. Birthplace (city or place) (State or Country) <u>Hamudale, Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months or weeks _____

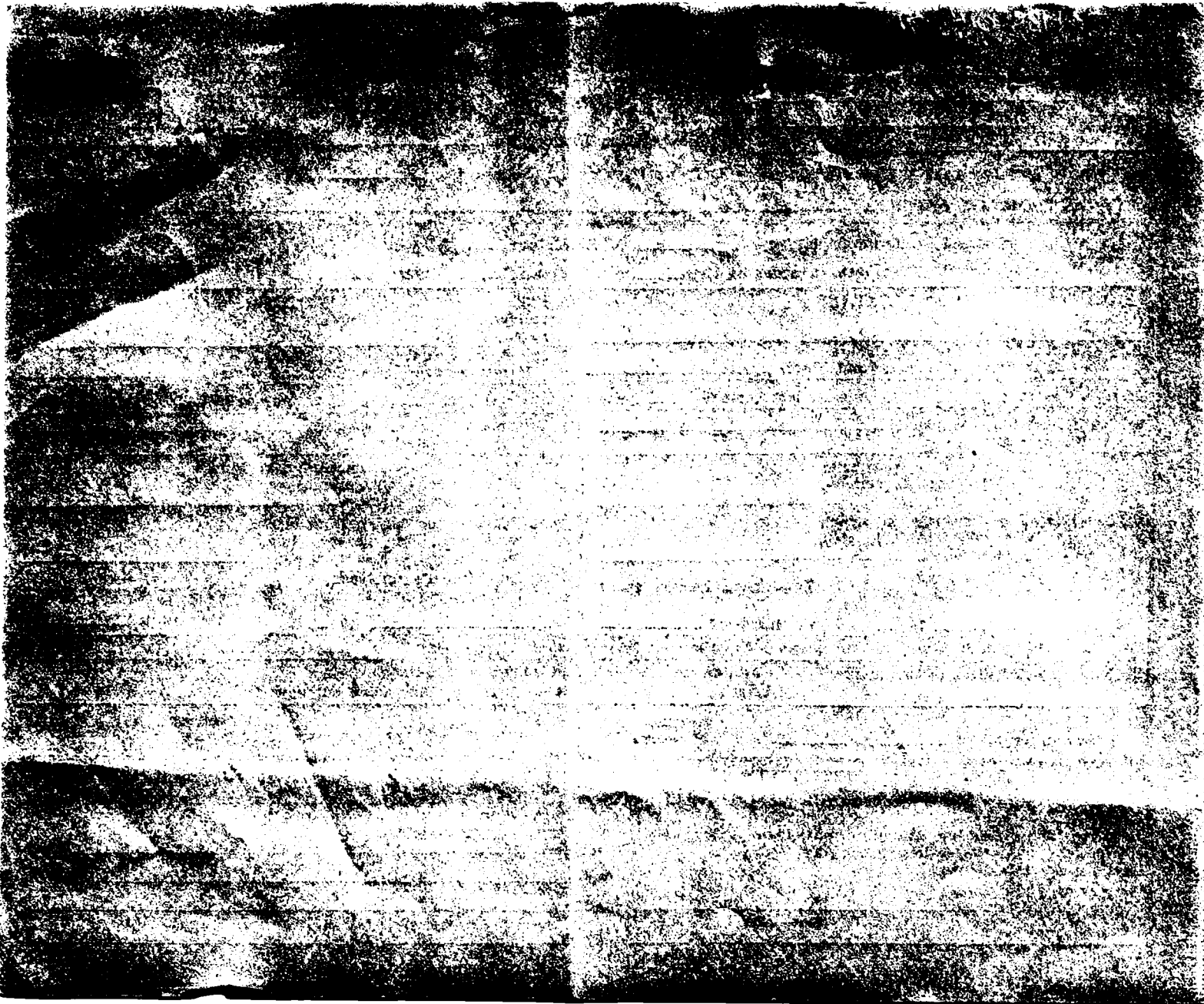
30. Cause of Stillbirth degeneration of placenta { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 12:30 a. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) D. C. R. Whittenberger, M. D.
or _____, Midwife
Address Caldwell, Idaho
Filed 2-17, 1930 W. Montgomery Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108111Registration District No. 1Primary Registration District No. 1005Local Registrar's No. 14

(No. Lemon Spring Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn male "Cran"

(a) Residence. No. Homedale, Idaho St. _____
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of 0

6. DATE OF BIRTH (month, day and year)
Feb. 5, 1938

7. AGE Years Months Days If LESS than 1 day, 0 hrs. or 0 min.
0 0 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town). Caldwell, Ida
(State or country)

13. NAME Marlyn Raymond Cran

14. BIRTHPLACE (city or town) Murray, Utah
(State or country)

15. MAIDEN NAME Francis Marie Dink

16. BIRTHPLACE (city or town) Homedale, Ida
(State or country)

17. INFORMANT A. B. R. Whittenburger
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Buried at home Date Feb 5 1938

19. UNDERTAKER none
(Address)

20. FILED 2-17, 1938 E. R. Whittenburger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb 5 1938

22. I HEREBY CERTIFY, That I attended deceased from
Feb 5, 1938, to Feb 5, 1938.

I last saw him alive on 0, 1938; death is said to have occurred on the date stated above, at 0 m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Regeneration of placenta
Defect was a few days
before birth.

Other contributory causes of importance:

malformed idiot
Angioma on back of head
mugature face - large head

Name of operation none Date of _____What test confirmed diagnosis? Classical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) E. R. Whittenburger M. D.

(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

253123 014 551

1. PLACE OF BIRTH
County of Canyon
City of Caldwell, Idaho
No. _____ St. _____
Caldwell Sanitarium

(If born in hospital or institution give name.)

RECEIVED
MAR 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 263887
Registration District No. _____ State File No. _____

2. FULL NAME OF CHILD

Prim. Registration District No. 1005 Local Registrar's No. 76
Stillborn Gary Keck

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>February 23, 1938</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	--

9. Full name
Sherman Keck
10. Residence (usual place of abode)
(If non-resident, give place and State) Adrain, Oregon
11. Color or race White 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Oklahoma
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name
Doris Lucy Evans
19. Residence (usual place of abode)
(If non-resident, give place and State) Adrain, Oregon
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Idaho
(State or Country)

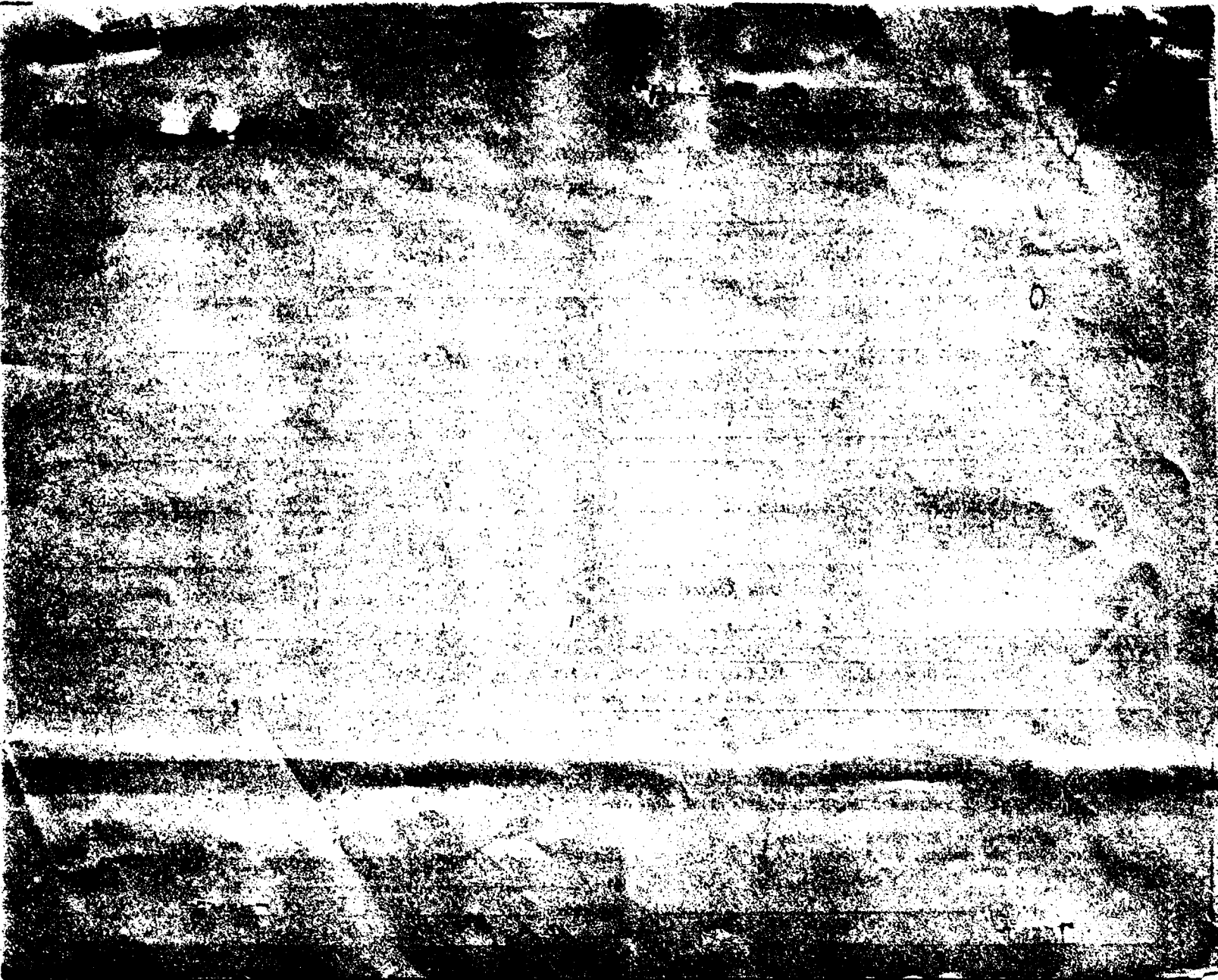
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 Months { months or weeks
30. Cause of stillbirth _____ { Before labor. _____
premature During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:30 P. M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) Wm. B. Handford, M. D., Midwife
Address Caldwell, Idaho
Filed 2-24, 1938
Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Caldwell
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108115Registration District No. 1Primary Registration District No. 1005Local Registrar's No. 19(No. Sanitarium)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary Keck(a) Residence No. Madison Dr

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last work-
ed at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 23 1938

22 I HEREBY CERTIFY, That I attended deceased from

Feb 23, 1938, to Feb 23, 1938I last saw him alive on Feb 23 1938; death is saidto have occurred on the date stated above, at 12:30 P.The principal cause of death and related causes of im-
portance were as follows:Stillborn - premature

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an
autopsy?23. If death was due to exter'l causes (violence) fill in also
the following:Accident, suicide, or homicide? Date of injury
1938Where did injury occur?
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or
in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation
of deceased? If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BOISE

JAMES W. HAWKINS, M. D., DIRECTOR
ECHO DELL WATSON, CHIEF CLERK

BARZILLA W. CLARK, GOVERNOR
EX-OFFICIO COMMISSIONER
OF PUBLIC WELFARE

May 19, 1938

Wm. B. Handford, M.D.
Caldwell, Idaho.

RECEIVED
MAY 21 1938

Dear Dr. Handford:

Mrs. Sherman Keck of Adrian, Oregon, has made a request for a copy of her baby's birth certificate.

In checking our files, we find the child, Gary Keck, born Feb. 23, 1938, was stillborn, this fact being stated on both the birth and death certificate.

When the mother made the request for the birth record, she stated the child died the same day it was born.

Will you please check your records to ascertain if the child lived at all or was stillborn, before we issue a record of birth.

Kindly reply on bottom of this letter. If it lived, state the exact time.

Thanking you, we are,

Very truly yours,

Division of Public Health

Pearl Dillingham

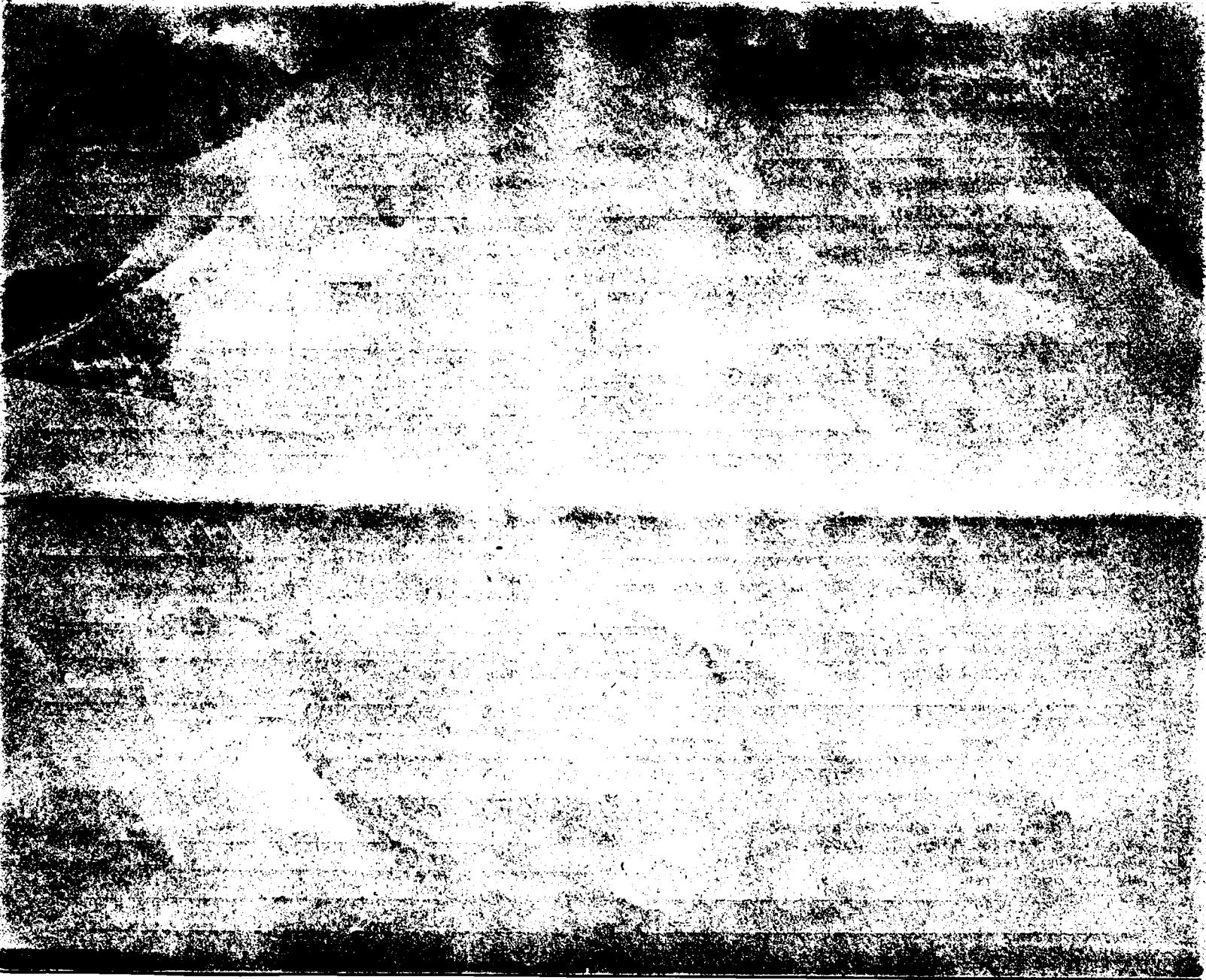
Pearl Dillingham
Registrar of Vital Statistics

PBA

Baby was stillborn, did not breath, and heart stopped 9 min after birth. Due to her condition, Mrs Keck was not told of death of baby until several hours later.
Wm B Handford.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Cassia</u>	City of <u>Burley</u>	CERTIFICATE OF BIRTH	
No. _____	St. _____	Registration District No. <u>117</u>	State File No. <u>263955</u>
(If born in hospital or institution give name.)		Registration District No. <u>2196</u>	Local Registrar's No. <u>59</u>
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>7</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <input checked="" type="checkbox"/> Full term <u>1</u>
		5. Number, in order of birth _____	7. Legitimate? <u>yes</u>
9. Full name <u>Leo Raggie</u>		18. Full maiden name <u>Alice Larsen</u>	
10. Residence (usual place of abode) <u>Burley</u>		19. Residence (usual place of abode) <u>Burley</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W</u>	12. Age at last birthday <u>30</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>28</u> (years)
13. Birthplace (city or place) <u>Ida</u>		22. Birthplace (city or place) <u>Ida</u>	
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Bee-keeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>1st</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>3</u>			
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>7</u> { months or weeks _____		30. Cause of Stillbirth <u>During labor</u>	
		Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) _____, M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address _____	
Registrar. _____		Filed <u>Mar 1</u> , 193 <u>8</u> <u>Laura J. Spracher</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CassiaCity of Burley

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

State File No. 108120Local Registrar's No. 7

MAR 11 1938

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Luby Raggel (Raggie)

(a) Residence. No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 1-21-38

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Burley
(State or country) Id13. NAME Lee Raggel14. BIRTHPLACE (city or town) Wilford
(State or country) W15. MAIDEN NAME Glenn Lauer16. BIRTHPLACE (city or town) Burley
(State or country) Id17. INFORMANT Lee Raggel
(Address) Burley Id18. BURIAL, CREMATION OR REMOVAL
Place Burley Date 3-22, 193819. UNDERTAKER H. S. P. Taylor
(Address) Burley20. FILED Jan 22, 1938 Laura S. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No(Signed) W. S. P., M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

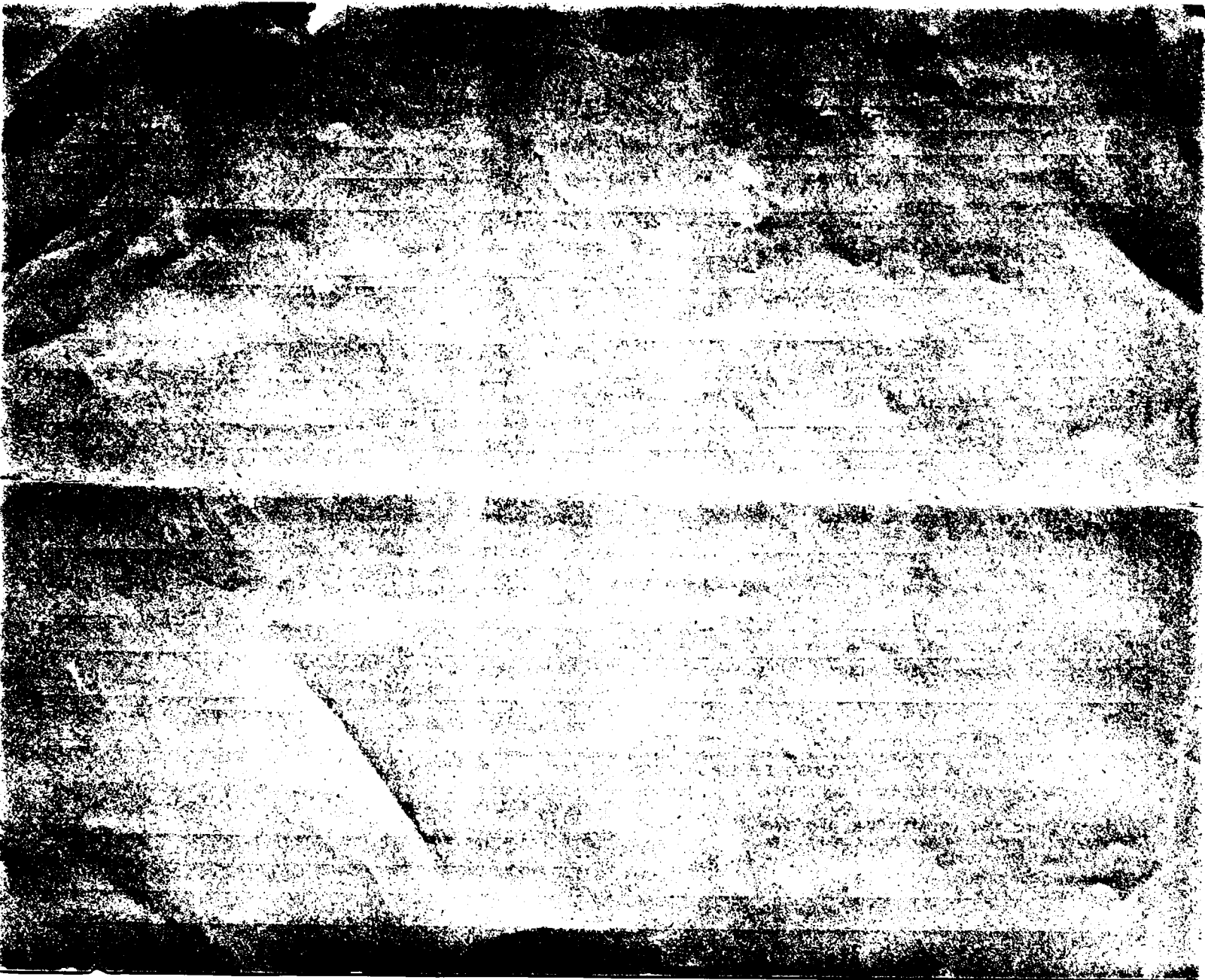
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH S 263960	
County of <u>Cassia</u>		Registration District No. <u>117</u>		State File No. <u>2196</u>	
City of <u>Burley</u>		Local Registrar's No. <u>64</u>			
No. _____		St. <u>MAR 11 1938</u>			
(If born in hospital or institution give name) <u>Stillborn</u>					
2. FULL NAME OF CHILD					
3. Sex <u>7</u>		If plural births { 4. Twin, triplet, or other _____		8. Date of birth <u>2-5-1938</u> (Month, Day, Year)	
		5. Number, in order of birth _____		7. Legitimate? <u>yes</u>	
9. Full name <u>Lloyd Rossen</u>		FATHER		18. Full maiden name <u>Margorie De Lano</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		17. Date of birth _____	
11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or Country) <u>Kas</u>		21. Age at last birthday <u>35</u> (years)		22. Birthplace (city or place) (State or Country) <u>Kas</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>NW</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>N</u>		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother (At time of this birth and including this child)		(a) Born alive and now living _____		(b) Born alive but now dead _____	
29. If stillborn, period of gestation <u>9</u> { months _____ or weeks _____		30. Cause of Stillbirth _____		(c) Stillborn <u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>840</u> a.m. on the date above stated.					
(Signed) _____, M. D.					
or _____, Midwife					
Address _____					
Filed <u>Mar 1</u> , 1938 <u>Laura J. Spracher</u>					
Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

108121

State File No. _____

MAR 11 1938

Registration District No. 117Primary Registration District No. 2176Local Registrar's No. 11

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Loetta Gene Passon

(a) Residence. No. N. Albion Ave Burley
(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred—yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) <u>Feb - 5 - 1938</u>		
7. AGE <u>Still Birth</u>	Years _____ Months _____ Days _____	If LESS than 1 day _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (mo. and yr.) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (city or town) Burley Idaho
(State or country)13. NAME Lloyd M. Passon14. BIRTHPLACE (city or town) Houston
(State or country) Texas15. MAIDEN NAME Marjorie Lure McDaniel16. BIRTHPLACE (city or town) Houston
(State or country) Texas17. INFORMANT Lloyd M. Passon
(Address) Burley Idaho18. BURIAL, CREMATION OR REMOVAL
Place Burley Idg Date 2-6-, 193819. UNDERTAKER Thos. B. McPallach
(Address) Burley Idaho20. FILED 2-5-, 1938 E. Lure Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-5-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. Lure Spracher, M. D.

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

R. H. H. E. E.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

271702 021-962

1. PLACE OF BIRTH
County of Franklin
City of Dayton, Ida.
No. _____ St. _____

MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 264011

Registration District No. 27 State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. 2119 Local Registrar's No. 38

2. FULL NAME OF CHILD

Stillborn Baby Sparrow

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature yes Full term _____ 7. Legitimate? yes 8. Date of birth Feb. 2, 1938 (Month, Day, Year)

9. Full name FATHER Sydney Joseph Sparrow

18. Full maiden name MOTHER Glenda Rose

10. Residence (usual place of abode) (If non-resident, give place and State) Dayton

19. Residence (usual place of abode) (If non-resident, give place and State) same

11. Color or race W. 12. Age at last birthday 21 (years)

20. Color or race W. 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) College Ward Utah

22. Birthplace (city or place) (State or Country) Clarkston Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks _____ 30. Cause of Stillbirth unknown { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:10 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) D. P. Cutler, M. D.

or _____, Midwife

Address Preston, Idaho

Filed Mar 8, 1938 G. W. Staley

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 108147	
County of <u>Franklin</u>		Registration District No. <u>27</u>		State File No.	
City of <u>Preston</u>		Primary Registration District No. <u>2119</u>		Local Registrar's No. <u>21</u>	
(No.)					
If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Boy Sparrow</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>child</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Feb. 2, 1938</u>					
7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.	
<u>Stillborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Preston</u> (State or country) <u>Ida.</u>					
MOTHER/FATHER	13. NAME <u>Sydney Joseph Sparrow</u>				
	14. BIRTHPLACE (city or town) <u>College Ward</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Glennda Rose</u>				
	16. BIRTHPLACE (city or town) <u>Clarksburg</u> (State or country) <u>West Va.</u>				
17. INFORMANT <u>Sydney Joseph Sparrow</u> (Address) <u>Preston, Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Preston</u> Date 193..					
19. UNDERTAKER <u>none</u> (Address)					
20. FILED <u>Mar 8, 1938</u> <u>G. W. Stetson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Feb 2</u> 193 <u>8</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>2-2-38</u> to <u>2-2-38</u> , 193..					
I last saw <u>deceased</u> alive on <u>2-2-38</u> , 193..; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Unknown</u>					
<u>8 months gestation</u>					
Other contributory causes of importance:					
Date of onset					
Name of operation..... Date of.....					
What test confirmed diagnosis? <u>PX</u> Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193..					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so specify.....					
(Signed) <u>O. R. Stetson</u> M. P.					
(Address) <u>Preston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

695-222-021-281

RECEIVED
MAR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
264019

1. PLACE OF BIRTH
County of Franklin
City of Preston
No. _____ St. _____

Registration District No. 27 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 46

2. FULL NAME OF CHILD Stillborn Baby Girl Winn

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet or other _____ 5. Number, in order of birth _____	6. Premature <input checked="" type="checkbox"/> Full term <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Feb. 22, 1938</u> (Month, Day, Year)
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9. Full name FATHER George Samuel Winn
10. Residence (usual place of abode) Preston
(If non-resident, give place and State) _____
11. Color or race W. 12. Age at last birthday 53 (years)

13. Birthplace (city or place) Nephi
(State or Country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hyd. & Elec. Dealer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Florence Louise Morgan
19. Residence (usual place of abode) Same
(If non-resident, give place and State) _____

20. Color or race _____ 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Logan
(State or Country) Utah

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months or weeks
30. Cause of Stillbirth { During labor. _____
Before labor. toxaemia of Preg.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 12:10 PM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) J. R. Cutler, M. D.

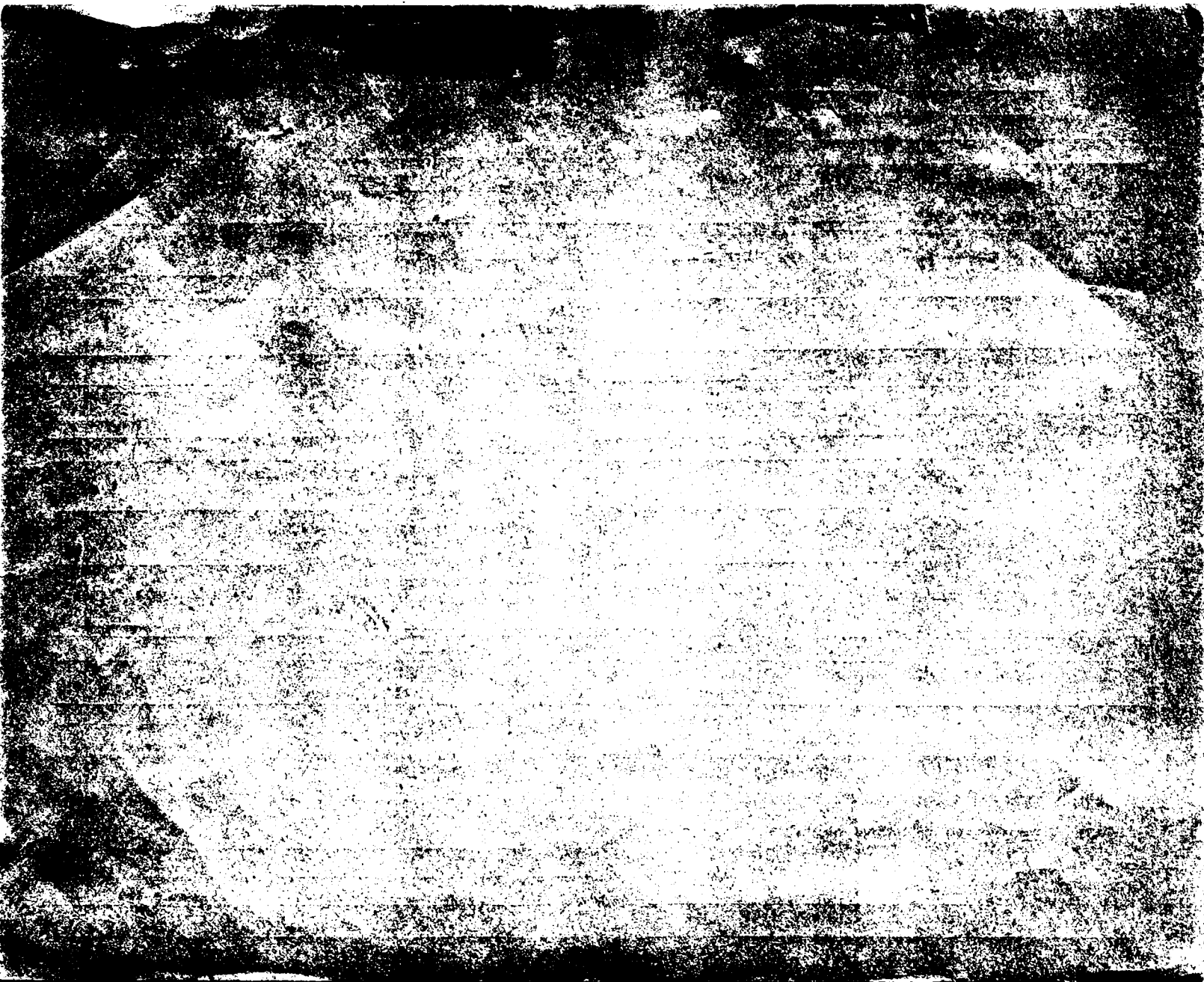
or _____, Midwife

Address Preston, Idaho

Filed Mar 8, 1938 G. W. Stokes

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin
City of Preston

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

108148

State File No.

Registration District No. 27

Primary Registration District No. 219

Local Registrar's No. 22

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Girl Winn

(a) Residence. No. Preston, Ida. St.

(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 22, 1938

7. AGE Years Months Days If LESS than 1 day... hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preston
(State or country) Idaho

13. NAME George Samuel Winn

14. BIRTHPLACE (city or town) Nephi
(State or country) Utah

15. MAIDEN NAME Florence Louise Morgan

16. BIRTHPLACE (city or town) Nephi
(State or country) Utah

17. INFORMANT George Samuel Winn
(Address) Preston

18. BURIAL, CREMATION OR REMOVAL
Place Preston, Idaho Date 1938

19. UNDERTAKER None
(Address)

20. FILED Mar 8, 1938 G. W. Stiles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-22-1938

22. I HEREBY CERTIFY That I attended deceased from 2-22-1938 to 2-22-1938, 1938.

I last saw him stillborn, 1938; death is said to have occurred on the date stated above, atm.
The principal cause of death and related causes of importance were as follows:

Toxemia of pregnancy Date of onset 2-1-38
8 months gestation

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury., 1938.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.. If so, specify.....

(Signed) O. K. Cutler M. D.
(Address) Preston, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

219-107 Q 35 743

1. PLACE OF BIRTH
County of Emmett
City of Emmett
No. Emmett Hospital St.
(If born in hospital or institution give name.)

RECEIVED

MAR 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264039

Registration District No. 6 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Harwin Williams Barlow

3. Sex Male If plural births } 4. Twin, triplet, or other..... 6. Premature..... 7. Legiti-
mate: yes 8. Date of birth Jan. 7, 1938
(Month, Day, Year)

9. Full name Ralph Waldo Barlow FATHER 18. Full maiden name Opal Mary Pulley MOTHER

10. Residence (usual place of abode) Emmett, Idaho 19. Residence (usual place of abode) Emmett, Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 38 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Cambridge 22. Birthplace (city or place) Living Falls
(State or country) Minnesota (State or country) Idaho

OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 - { months or weeks } 30. Cause of stillbirth Hydrocephalus
Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6⁰⁰ at 9 m. on the date above stated.
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Emmett J. Barlow, M. D.

Give name added from a supplemental report..... Address Emmett, Idaho Midwife

(Date of)..... Filed 3/2, 1938 Registrar. J. Reynolds

TO THE DIRECTOR

FROM THE DIRECTOR

RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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RECEIVED

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ben
City of Emmett

FEB 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE

108166

State File No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Garvin Barlow(a) Residence No. Emmett Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race wh 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Steel Years born Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

13. NAME Ralph Barlow

14. BIRTHPLACE (city or town) Not known
(State or country)

15. MAIDEN NAME Mary Opal Kelley

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Gause Puller
(Address) Emmett Idaho

18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho Date 1/8, 1938

19. UNDERTAKER Stuckman
(Address) Emmett Ida

20. FILED 1/8, 1938 J. H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 1/7 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Hypertension
at birth
suburban

Date of onset

1/7/38

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. H. Reynolds M. D.(Address) Emmett

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, athenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH**, and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 4, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

1 year

ADDITIONAL SPACE FOR STATEMENT OF PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

495 721 023 593

1. PLACE OF BIRTH
County of Jess
City of Emmett
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 264055**

MAK 7 - 1938

Registration District No. 6 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD David Neil Dresser Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 2/21, 1938
(Month, Day, Year)

9. Full name FATHER Karl Elmer Dresser 18. Full maiden name MOTHER Doris Laverna Nichols

10. Residence (usual place of abode) Emmett, Ida 19. Residence (usual place of abode) Emmett, Ida
(If non-resident, give place and State) Idaho (If non-resident, give place and State) Idaho

11. Color or race W. 12. Age at last birthday 25 (years) 20. Color or race W. 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Emmett 22. Birthplace (city or place) Smith Co.
(State or Country) Idaho (State or Country) Kansas

14. Trade, profession, or particular kind of work done, as spinner Planer for
sawyer, bookkeeper, etc. saw mill 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____
19 _____ in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent _____
19 _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 40%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____
Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 a. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. L. Reynolds, M. D.

or _____, Midwife

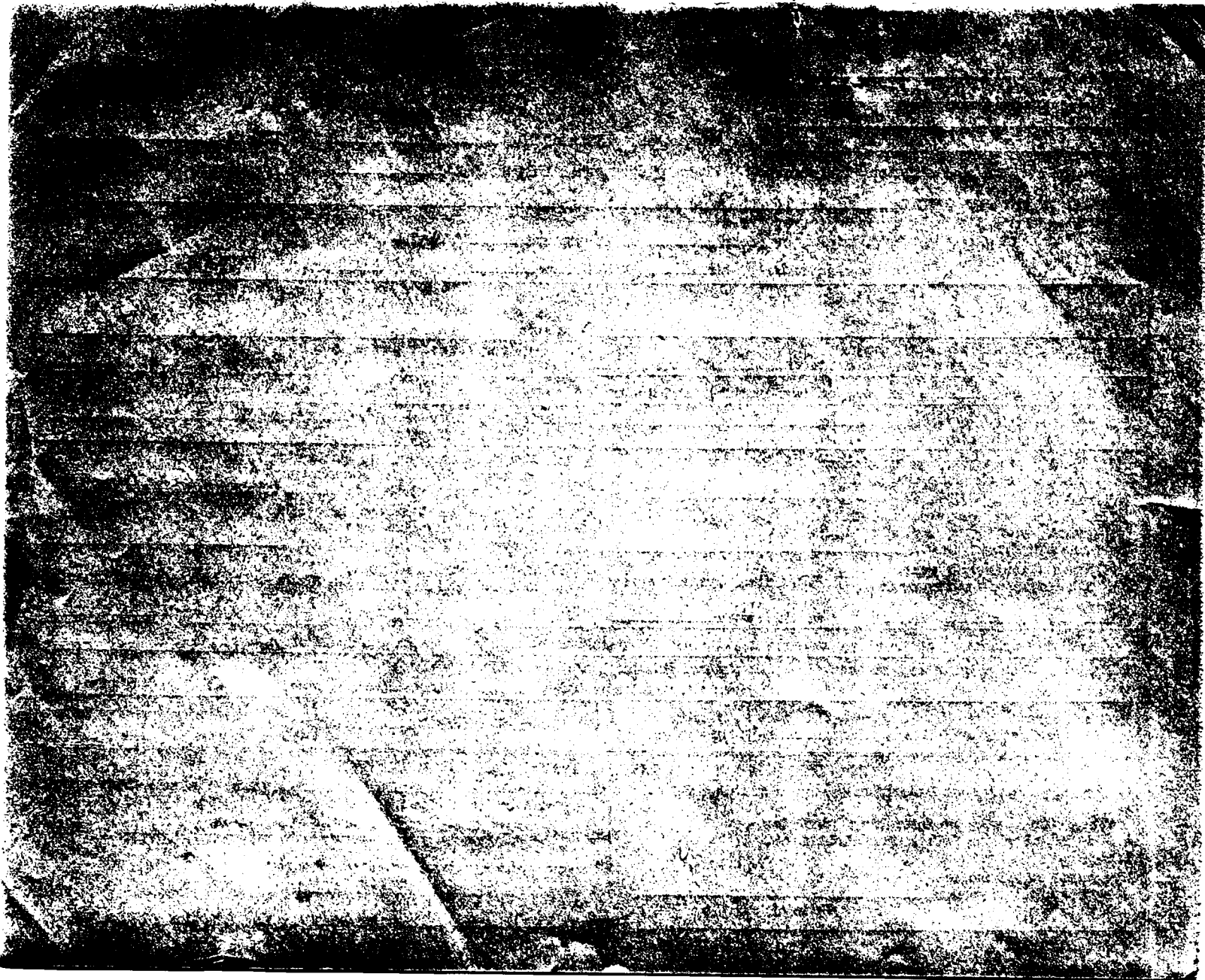
Address Emmett, Idaho

Filed 3/2, 1938 J. L. Reynolds
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gem
City of Emmett

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. _____

DO NOT WRITE IN THIS SPACE
108165
State File No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dand Neal Dresser

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Still Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Emmett
Idaho

13. NAME Karl Elmer Dresser

14. BIRTHPLACE (city or town) (State or country)

Emmett
Idaho

15. MAIDEN NAME Doris L. Nichols

16. BIRTHPLACE (city or town) (State or country)

Smith Centre
Kansas

17. INFORMANT Karl Dresser (Address) Emmett

18. BURIAL, CREMATION OR REMOVAL Place Feb. 21 - Emmett Ida, 1938

19. UNDERTAKER C. D. Bucknum (Address) Emmett, Ida

20. FILED 2/28, 1938 J. H. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 21, 1938, to _____, 193

I last saw h. _____ alive on _____ 193: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born cause unknown

Date of onset

Feb. 21 / 38

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193

Where did injury occur? _____ (Specify city or town, county, and state)

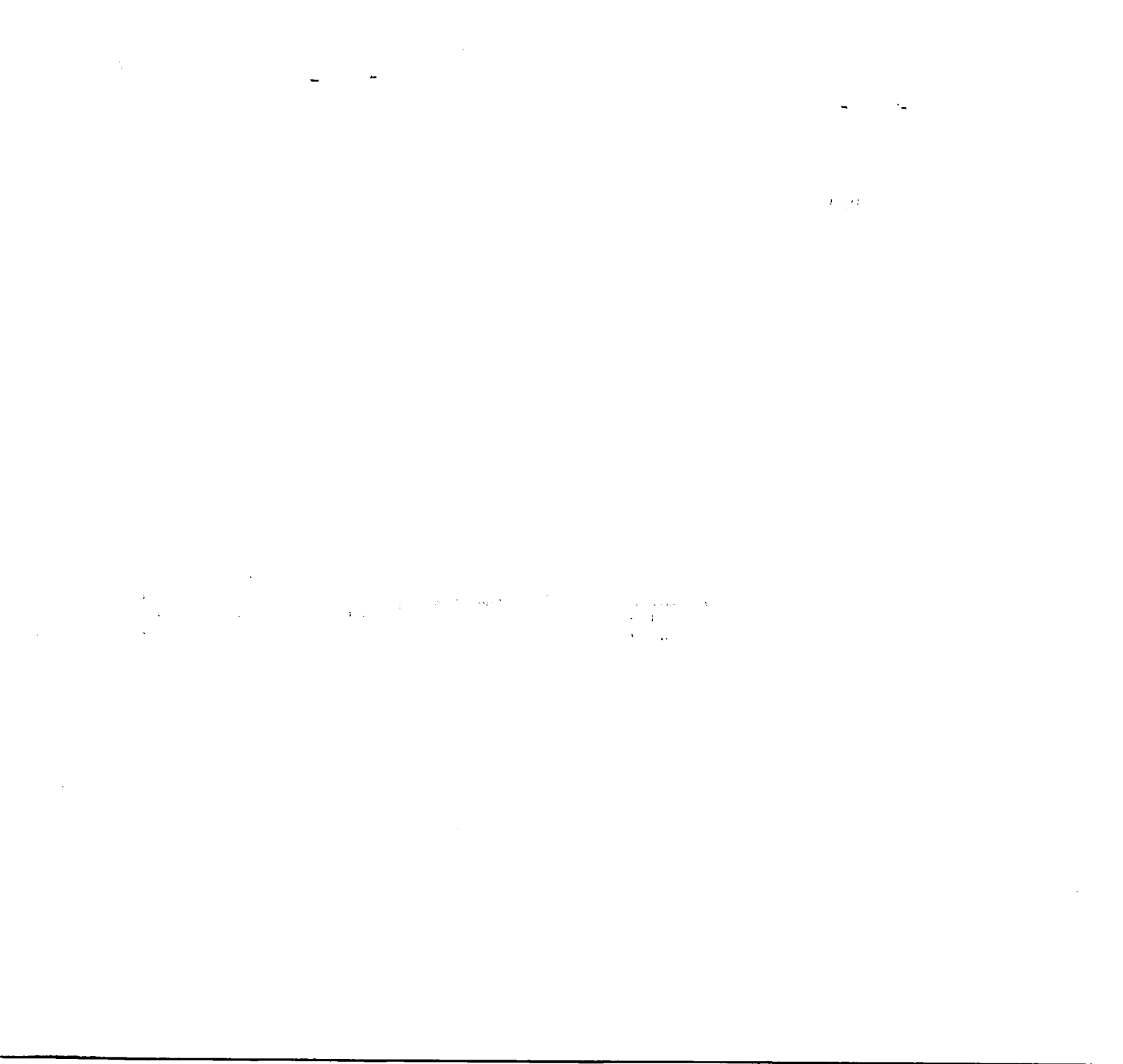
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) J. H. Reynolds M. D.(Address) Emmett



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of _____
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
MAR 4 1928
Registration District No. 24 State File No. 264088

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 462

2. FULL NAME OF CHILD Not named

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth 2-9-1928 (Month, Day, Year)

9. Full name FATHER J. T. McLean 18. Full maiden name MOTHER Sylvia Wallace

10. Residence (usual place of abode) Gooding 19. Residence (usual place of abode) Gooding
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 35 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Colorado 22. Birthplace (city or place) Missouri
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 7 months { months or weeks _____ 30. Cause of Stillbirth ? { During labor no Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

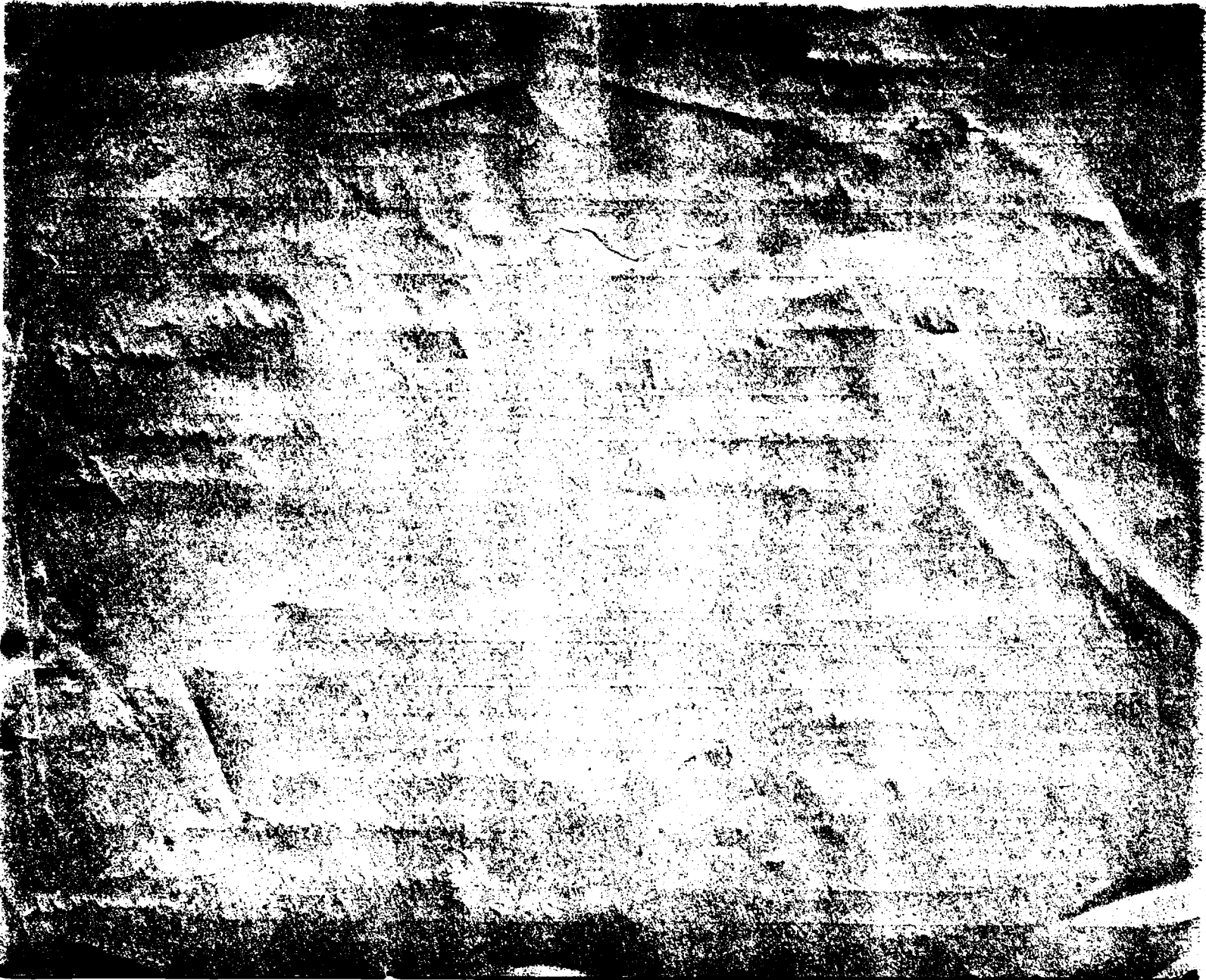
(Signed) J. H. Cronwell, M. D.

or _____, Midwife

Address Gooding, Ida

Filed 2-28-, 1928 J. H. Cronwell

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding
City of "

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

108184

State File No.

Registration District No.

Primary Registration District No. 24Local Registrar's No. 764

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Not named

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>✓</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, and year) <u>2-9-38</u>		
7. AGE	Years <u>0</u>	Months <u>0</u>
	Days <u>0</u>	If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (mo. and yr.)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) Gooding
(State or country)

MOTHER FATHER	13. NAME <u>J. T. McLean</u>
	14. BIRTHPLACE (city or town) <u>Colorado</u> (State or country)
	15. MAIDEN NAME <u>Sylvia</u> <u>McLean</u>
	16. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)

17. INFORMANT J. T. McLean
(Address) Gooding18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 2-9, 193819. UNDERTAKER none
(Address)20. FILED 2/28, 1938 J. H. Conner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2-9-193822. I HEREBY CERTIFY, That I attended deceased from
X 1938, to _____, 1938I last saw him alive on _____, 1938: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance
were as follows:

Stillborn
gestation period
7 months

Other contributory causes of importance:

Date of onset

Name of operation none Date of ✓

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the
following:Accident, suicide, or homicide?..... Date of injury....., 1938

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? yes specify(Signed) J. H. Conner, M. D.(Address) Gooding, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known.— Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

245

PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. _____ St. _____

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
264109

MAR 11 1938

Registration District No. 105 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2183 Local Registrar's No. 8

2. FULL NAME OF CHILD Mary Gertrude Buetner - Larson

3. Sex <u>F.</u>	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Feb 20 1938</u> (Month, Day, Year)
------------------	--	--	--------------------------------	--

9. Full name <u>Roland Buetner</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood Idaho</u>	11. Color or race <u>W</u>	12. Age at last birthday <u>28</u> (years)	13. Birthplace (city or place) (State or Country) <u>Keosauqua Idaho</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Garage</u>	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____
18. Full maiden name <u>Gertrude Richoff</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood</u>	20. Color or race <u>W</u>	21. Age at last birthday <u>26</u> (years)	22. Birthplace (city or place) (State or Country) <u>Spokane Wash</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 months or weeks {

30. Cause of Stillbirth Placenta { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:55 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Wesley F. Orr, M. D.
or _____, Midwife
Address Cottonwood, Idaho
Filed Feb 28, 1938 W. F. Orr
per J. B. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108203

Registration District No. 105
Primary Registration District No. 2183 Local Registrar's No. 10

Re. MAR 11 1938
(No. _____)
If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Mary Gertrude Buttner
(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F. 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) ✓
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) Feb. 20 1937
7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cottonwood
(State or country) Idaho

13. NAME Ralland Buttner
14. BIRTHPLACE (city or town) Heatersville
(State or country) Idaho
15. MAIDEN NAME Dorothy Ruffoff
16. BIRTHPLACE (city or town) Spokane
(State or country) Wash.

17. INFORMANT Ralland Buttner
(Address) Cottonwood, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Cottonwood Date 2-20, 1938

19. UNDERTAKER J. F. Over
(Address) Cottonwood, Idaho

20. FILED 2-21, 1938 J. F. Over
By J. B. Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-20 1938
22 I HEREBY CERTIFY, That I attended deceased from
✓, 1938, to ✓, 1938.

I last saw h_____ alive on _____ 1938: death is said to have occurred on the date stated above, at ✓ m.
The principal cause of death and related causes of importance were as follows:

Toxemia of Pregnancy
Exp. Abruptio Placenta

Date of onset

Other contributory causes of importance:

Name of operation Abort + Del.
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. F. Over, M. D.
(Address) Cottonwood, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

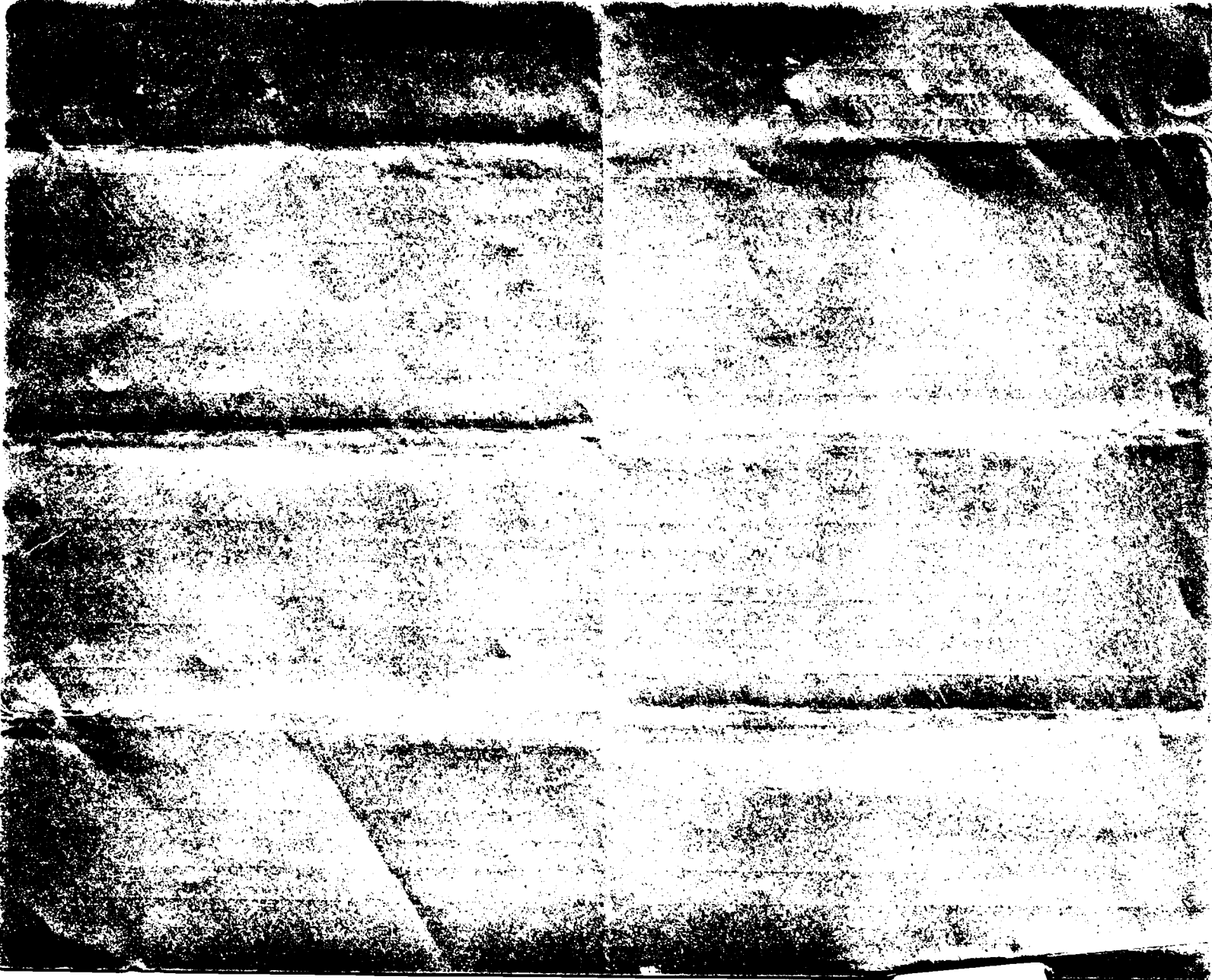
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Jefferson</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Roberts</u>		BUREAU OF VITAL STATISTICS	
No. <u>Roberts Emergency Hospital</u>		CERTIFICATE OF BIRTH <u>S264132</u>	
Registration District No. <u>98</u>		State File No. <u>41</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2076</u> Local Registrar's No. <u>41</u>	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>male</u>	If plural births <u>—</u>	4. Twin, triplet, or other <u>—</u>	6. Premature <u>yes</u>
		5. Number, in order of birth <u>—</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Feb 14, 1938</u>		(Month, Day, Year)	
9. Full name <u>Lynn L. Harris</u>		18. Full maiden name <u>L. Mae Rapp</u>	
FATHER		MOTHER	
10. Residence (usual place of abode) <u>Roberts, Idaho</u>		19. Residence (usual place of abode) <u>Roberts, Idaho</u>	
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>W</u>		20. Color or race <u>white</u>	
12. Age at last birthday <u>21</u> (years)		21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) <u>Roberts, Idaho</u>		22. Birthplace (city or place) <u>Highway, Idaho</u>	
(State or Country)		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>wife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>District Highway</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
16. Date (month and year) last engaged in this work <u>Feb. 14, 1938</u>		25. Date (month and year) last engaged in this work <u>Feb. 14, 1938</u>	
17. Total time (years) spent in this work <u>3</u>		26. Total time (years) spent in this work <u>1 year</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>—</u>			
28. Number of children of this mother (At time of this birth and including this child)			
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>8 1/2 mo</u> { months or weeks			
30. Cause of Stillbirth <u>unknown</u> During labor <u>—</u> Before labor <u>before</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11 45</u> m. on the date above stated.			
(Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			
Give name added from a supplemental report <u>—</u>			
(Date of) <u>—</u>			
Registrar. <u>W. C. Chancey</u> , M. D.			
or <u>Roberts, Idaho</u> , Midwife			
Address <u>—</u>			
Filed <u>MAR 10 1938</u> , 193 <u>Mrs. A. Beckersell</u>			
Registrar.			



PLACE OF DEATH

County of Jefferson
 City of Payson

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10044Registration District No. 98Primary Registration District No. 2176Local Registrar's No. 6

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 14 - 1938

7. AGE Still born at 8 1/2 mo 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town). Roberts, Idaho
(State or country)13. NAME Lynn L. Harris14. BIRTHPLACE (city or town). Roberts
(State or country)15. MAIDEN NAME La Mae Rapp16. BIRTHPLACE (city or town). Roberts
(State or country)17. INFORMANT W. O. Chaffey
(Address) Roberts, Idaho18. BURIAL, CREMATION OR REMOVAL none
Place. Roberts, Idaho Date 2-15-193819. UNDERTAKER none
(Address)20. FILED 2-15-1938 W. A. Beckersell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Feb. 14, 193822. I HEREBY CERTIFY That I attended deceased from Feb. 14, 1938 to Feb. 14, 1938I last saw h. was seen alive death is saidto have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Child born dead

apparently dead

24 hrs before

Other contributory causes of importance:

birth

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation

deceased? If so, specify

(Signed) W. O. Chaffey M. D.(Address) Roberts, Idaho

MARGIN RESERVED FOR BINDING

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

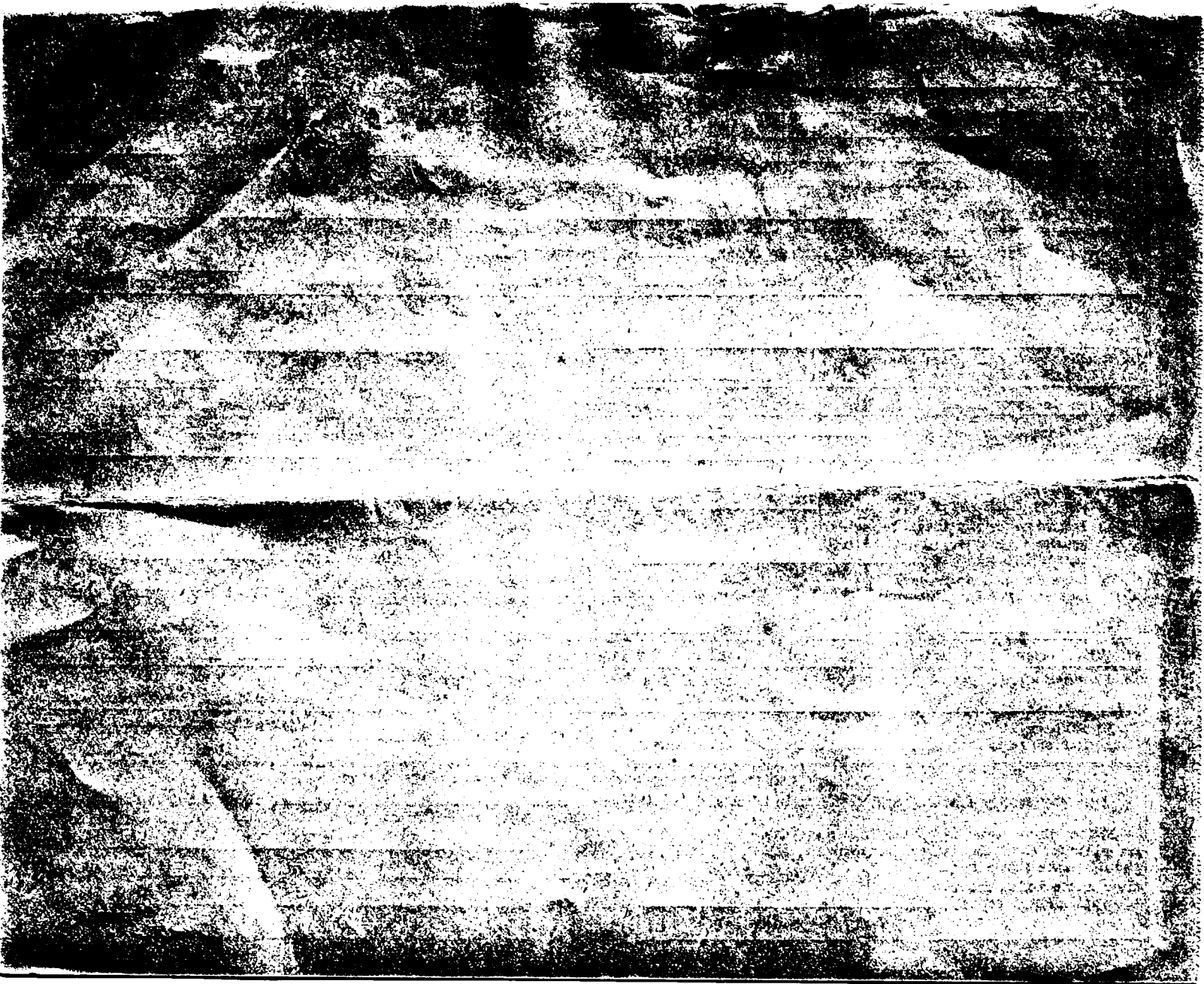
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

386-117 029-314		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 264206	
1. PLACE OF BIRTH County of <u>Latah</u> City of <u>Deary</u> No. _____ St. _____		Registration District No. <u>63</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2143</u>		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Infant Thornton - Stillborn</u>					
3. Sex <u>male</u>		4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>Yes</u> Full term _____	
7. Legiti- mate? <u>Yes</u>		8. Date of birth <u>Feb 12</u> , 19 <u>28</u> (Month, Day, Year)			
9. Full name <u>Arthur Ruden Thornton</u> FATHER			18. Full maiden name <u>Anna Helen Lamb</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Deary</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Deary</u>		
11. Color or race <u>W</u>			12. Age at last birthday <u>36</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Cornwall</u> <u>Idaho</u>			22. Birthplace (city or place) (State or Country) <u>East</u> <u>England</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>None</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u>		
16. Date (month and year) last engaged in this work _____, 19____			17. Total time (years) spent in this work _____		
18. Date (month and year) last engaged in this work _____, 19____			19. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn <u>2</u>					
29. If stillborn, period of gestation <u>7 months</u> { months or weeks _____					
30. Cause of stillbirth <u>Placental separation</u> { Before labor <u>Yes</u> During labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>7 a.</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>D. A. Christensen</u> , M. D.					
or _____, Midwife					
Address <u>Kimberly Idaho</u>					
Filed <u>Feb 21</u> , 19 <u>28</u> <u>B. P. Nestor</u>					
Regist. _____					



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 908 S. Wash. St.

REC'D
MAR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
264817

Registration District No. 61 State File No. _____
Prim. Registration District No. 1011 Local Registrar's No. 559

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Baby Sadorff - Stillborn

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legitimate? yes 8. Date of birth 2.16, 1938
(Month, Day, Year)

9. Full name Fred J. Sadorff BATHER
10. Residence (usual place of abode) Moscow, Ida
(If non-resident, give place and State)
11. Color or race w 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Staley, Wash
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. garage employee
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. garage
16. Date (month and year) last engaged in this work Present
17. Total time (years) spent in this work 10 yrs

18. Full maiden name Eichel Hall MOTHER
19. Residence (usual place of abode) Moscow, Ida
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Julietta, Idaho
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Present
26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 2
29. If stillborn, period of gestation 5 mo { months or weeks
30. Cause of stillbirth Not known Before labor Spontaneous
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Harry E. Engholm, M. D.
or _____, Midwife
Address Moscow, Idaho
Filed 3-9, 1938 Harry E. Engholm
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108249

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 321

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME (Stillbirth) Sodorff

(a) Residence No. _____ St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 16, 1938

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) MOSCOW
(State or country) Idaho

13. NAME Fred J. Sodorff

14. BIRTHPLACE (city or town) Staley
(State or country) Wash.

15. MAIDEN NAME Ethel Hall

16. BIRTHPLACE (city or town) Juliaetta
(State or country) Idaho

17. INFORMANT Fred J. Sodorff
(Address) Moscow

18. ~~DATE OF DEATH~~ DATE OF REMOVAL
Place Moscow Date 2/17, 1938

19. UNDERTAKER H.R. Short
(Address) Moscow

20. FILED 2/17, 1938
Registrar. [Signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2/16/1938

22 I HEREBY CERTIFY, That I attended deceased from

2/16/38, 1938, to 2/16, 1938

Last saw him live his death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

About 6 mo before
Apparent had been dead
about 1 mo.

Other contributory causes of importance:

Not known

Name of operation ✓ Date of _____

What test confirmed diagnosis? ✓ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? ✓
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? ✓ If so, specify _____

(Signed) [Signature] M. D.

(Address) Moscow

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

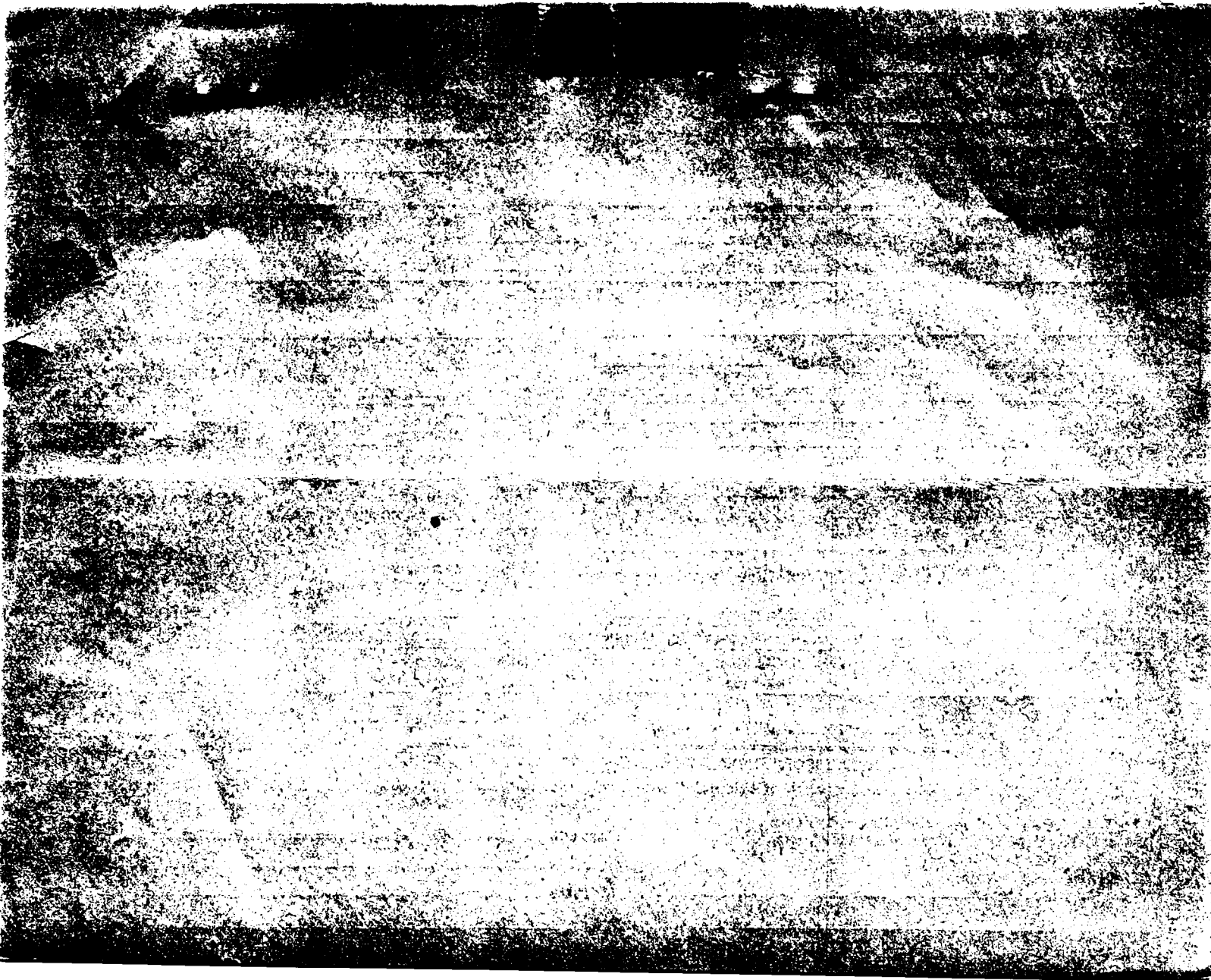
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Mr. Perce
City of Sevier
No. St. Joseph Hosp. St. Clarkston MAR 11 1938
(If born in hospital or institution give name.)
Registration District No. 1009 State File No. S 264283
Prim. Registration District No. 26 Local Registrar's No. Sheldon
2. FULL NAME OF CHILD Baby Sargent Sheldon
3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature 6 mos 7. Legitimate? yes 8. Date of birth Feb 18 1938 (Month, Day, Year)
9. Full name FATHER Chas and Glenn Sargent 18. Full maiden name MOTHER Daisy Linnna Sharp
10. Residence (usual place of abode) (If non-resident, give place and State) Clarkston 19. Residence (usual place of abode) (If non-resident, give place and State) Clarkston
11. Color or race white 12. Age at last birthday 32 (years) 20. Color or race white 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Idaho 22. Birthplace (city or place) (State or Country) Washington
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon General 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Operator 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living none (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation 6 mos. { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor transmission of mother

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Sheldon at 9:20 p. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
(Signed) Dr. B. B. B. B. B. M. D.
or _____ Midwife
Address Sevier, Idaho
Filed Mar 9, 1938 M. H. Casky
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Nezperce
City of Lewiston

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108289

Registration District No. 1009
Primary Registration District No. 96
(No. St Joseph Hospital)

Local Registrar's No. 37

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jack Keith Sargent

(a) Residence No. Clarkston Wash St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Premature

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 2/19/38

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Ida.

13. NAME C G Sargent

14. BIRTHPLACE (city or town) (State or country) Moscow Idaho

15. MAIDEN NAME Daisy Sharp

16. BIRTHPLACE (city or town) (State or country) republic wash.

17. INFORMANT C G Sargent
(Address) Clarkston, Wash.

18. BURIAL, CREMATION OR REMOVAL
Place Clarkston M Date 2/21, 1938

19. UNDERTAKER H B Merchant
(Address) Clarkston M

20. FILED Mar 2, 1938 M T Carty
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-19-1938

22 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938, to Feb 19, 1938

I last saw him alive on 2/19 1938.: death is said to have occurred on the date stated above, at 7 AM m.

The principal cause of death and related causes of importance were as follows:

Premature
Delivery 6 mos.
Gestation

Date of onset

2-19-38

Other contributory causes of importance:

Albuminuria in
mother

Jan 1938

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) E. B. Broadbent M. D.

(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

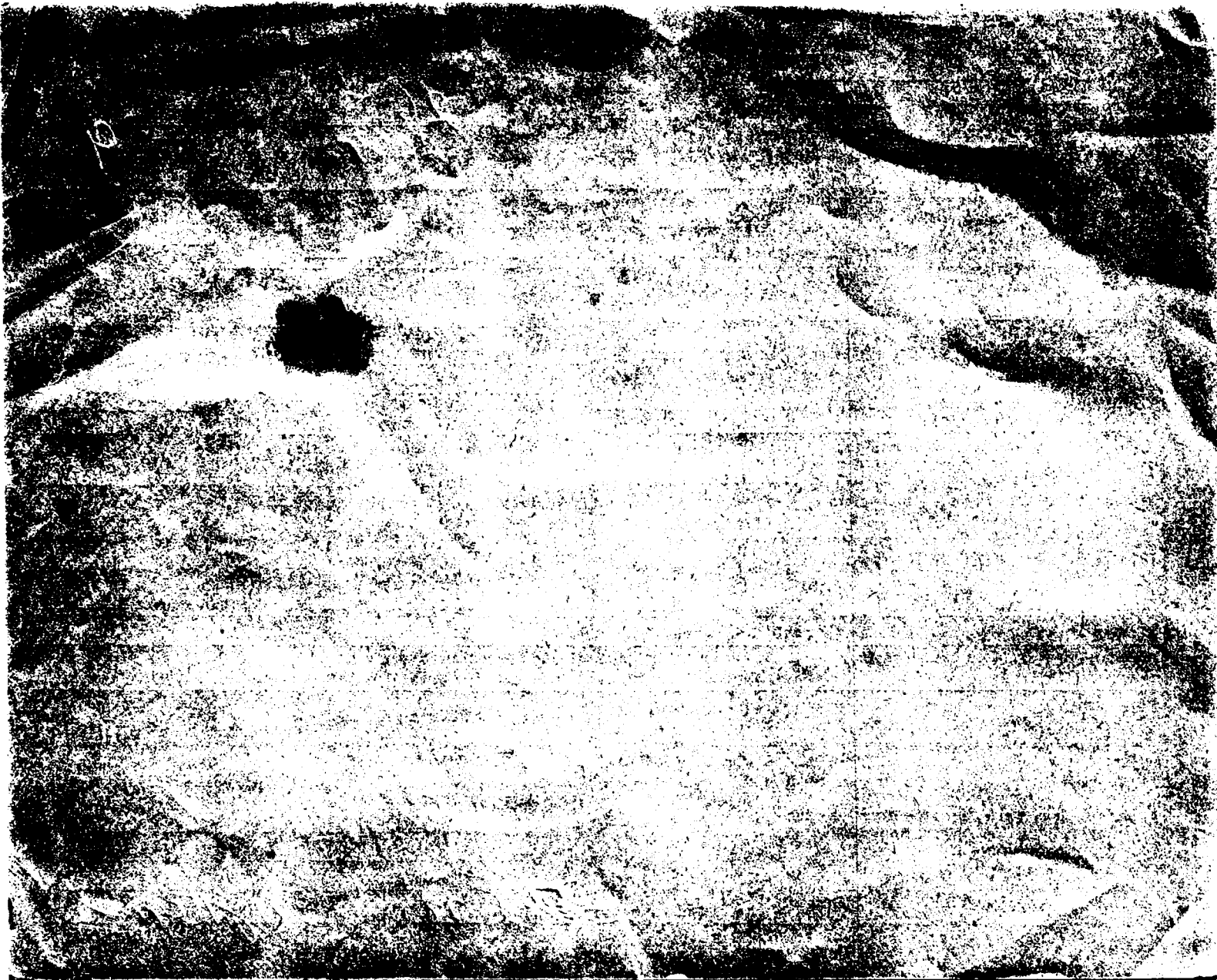
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Oneida</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Maced, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH S 264299	
(If born in hospital or institution give name.)		Registration District No. <u>26</u>	State File No. _____
2. FULL NAME OF CHILD <u>Stellborn</u>		Prim. Registration District No. <u>2069</u>	Local Registrar's No. <u>9</u>
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Feb 1</u> , 19 <u>38</u> (Month, Day, Year)			
9. Full name <u>John I. Nelson</u> FATHER		18. Full maiden name <u>Vera Williams</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Aberdeen, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Aberdeen, Idaho</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>23</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Aberdeen, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Maced, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>attendant</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:45 P.</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>D. P. Gant</u> , M. D.			
or _____, Midwife			
Address <u>Maced, Idaho</u>			
Filed <u>Feb 28</u> , 19 <u>38</u> <u>on terms</u>			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		Registrar.	



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Payette</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>New Plymouth</u>		BUREAU OF VITAL STATISTICS	
No. <u>2</u>		CERTIFICATE OF BIRTH <u>S264317</u>	
Registration District No. <u>4</u>		State File No. <u>1008</u>	
(If born in hospital or institution give name)		Principal Registration District No. <u>1008</u> Local Registrar's No. <u>21</u>	
2. FULL NAME OF CHILD <u>Shelton</u>			
3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other <u> </u> 5. Number, in order of birth <u> </u>	6. Premature <u>X</u>	7. Legitimate? <u>X</u>
8. Date of birth <u>Jan 26, 1938</u>		(Month, Day, Year)	
9. Full name <u>Allen Steagall</u> FATHER <u>Kylton</u>		18. Full maiden name <u>and Beatrice</u> MOTHER <u>Rockwell</u>	
10. Residence (usual place of abode) <u>New Plymouth</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>New Plymouth</u> (If non-resident, give place and State)	
11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) <u>Ana Mo.</u> (State or Country)		22. Birthplace (city or place) <u>New Plymouth</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rancher</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
	16. Date (month and year) last engaged in this work <u> </u> , 19 <u> </u>		25. Date (month and year) last engaged in this work <u> </u> , 19 <u> </u>
17. Total time (years) spent in this work <u> </u>		26. Total time (years) spent in this work <u> </u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u> </u>			
28. Number of children of this mother (At time of this birth and including this child) <u> </u> (a) Born alive and now living <u> </u> (b) Born alive but now dead <u> </u> (c) Stillborn <u> </u>			
29. If stillborn, period of gestation <u>6 1/2 months</u> { months or weeks		30. Cause of Stillbirth <u>Mother had agt. before labor</u> <u>small pox</u> <u>at birth</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Shelton</u> at <u>19</u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>Edith Rawls</u> , M. D.			
or <u> </u> , Midwife			
Address <u> </u>			
Filed <u>2/10/38</u> , 193 <u> </u> <u>J. C. Woodward</u>			
Registrar <u> </u>			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County	<i>Layette</i>	CERTIFICATE OF DEATH		108303	
City	<i>New Plymouth</i>			State File No.	
Registration District No. <i>4</i>		Primary Registration District No. <i>1008</i>		Local Registrar's No. <i>11</i>	
(No.) Death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <i>Stillborn infant of Allan Kytton</i>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <i>F</i>	4. Color or Race <i>W</i>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <i>Jan 26 1938</i>					
7. AGE <i>Stillborn</i>	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
MOTHER/FATHER	11. Total time (years) spent in this occupation				
	12. BIRTHPLACE (city or town) (State or country) <i>New Plymouth Ida</i>				
	13. NAME <i>Allen Steagall Kytton</i>				
14. BIRTHPLACE (city or town) (State or country) <i>Ida</i>					
15. MAIDEN NAME <i>Beatrice Ruth Wick</i>					
16. BIRTHPLACE (city or town) (State or country) <i>Ida</i>					
17. INFORMANT (Address) <i>Allan S. Kytton New Plymouth Ida</i>					
18. BURIAL, CREMATION OR REMOVAL Place <i>Mullholand</i> Date <i>Jan 26, 1938</i>					
19. UNDERTAKER (Address)					
20. FILED <i>2/10/38</i> 1938. <i>J. O. Woodward</i> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <i>Jan 26 1938</i>					
22. I HEREBY CERTIFY, That I attended deceased from, 193...., to, 193....					
I last saw h.... alive on, 193....; death is said to have occurred on the date stated above, atm.					
The principal cause of death and related causes of importance were as follows:					
<i>Maternal age</i> <i>case of small</i> <i>prob. at time</i>					Date of onset
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193.					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... (Specify)					
(Signed) <i>J. O. Woodward</i> M. D.					
(Address) <i>Idaho</i>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

264319
S

1. PLACE OF BIRTH
County of Payette.
City of New Plymouth.
No. 1525 St. 1938

Registration District No. 4. State File No. 23

(If born in hospital or institution give name.)

Prim. Registration District No. 1008. Local Registrar's No. 1008

2. FULL NAME OF CHILD BABY BLACK. (STILLBORN)

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature No. <u>Yes</u> Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Feb 16</u> , 19 <u>38</u> (Month, Day, Year)
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9. Full name FATHER
CLIFFORD W. BLACK

18. Full maiden name MOTHER
CATHERINE M. CARTER.

10. Residence (usual place of abode) Grand Coulee
(If non-resident, give place and State) Wash.

19. Residence (usual place of abode) Grand Coulee
(If non-resident, give place and State) Wash.

11. Color or race W. 12. Age at last birthday 35 (years)

20. Color or race W. 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Grand Coulee
(State or country)

22. Birthplace (city or place) Ontario
(State or country) Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Dam

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 1/10/38

25. Date (month and year) last engaged in this work 2/15/38

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1. (b) Born alive but now dead 0. (c) Stillborn 1.

29. If stillborn, period of gestation 7 1/2 Mo. months or weeks 30. Cause of stillbirth Placental Separation
Before labor before
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Pm

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dr. E. J. Davis, M. D.

or _____, Midwife

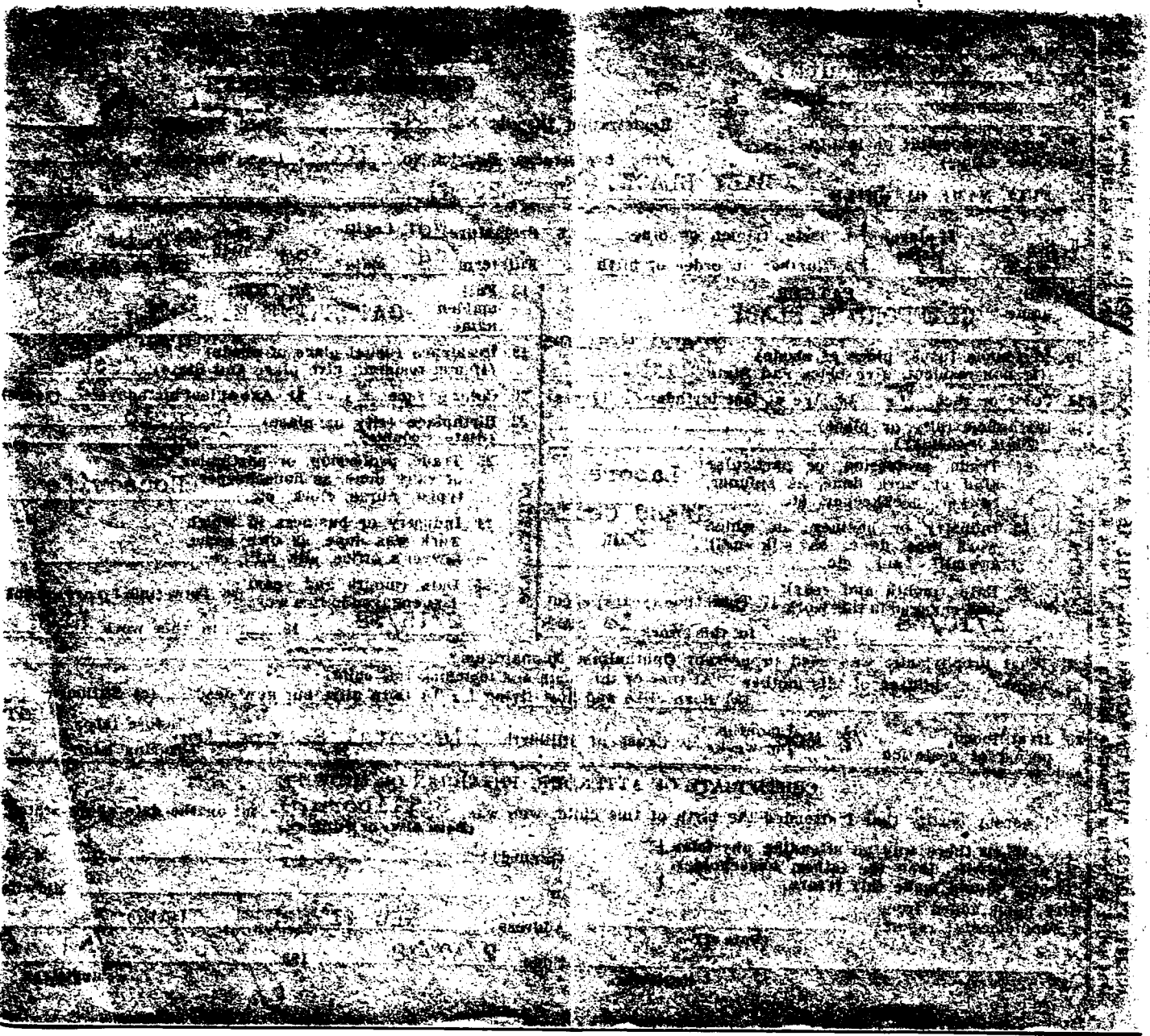
Give name added from a supplemental report _____
(Date of)

Address NEW PLYMOUTH, IDAHO

Filed 2/17/38, 1938

Registrar.

Registrar



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of PAYETTE.
City of NEW PLYMOUTH.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108304

Registration District No. 4.

Primary Registration District No. 1008.

Local Registrar's No. 13.

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME BABY BLACK (STILLBORN)

(a) Residence. No. NEW PLYMOUTH, IDAHO St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 2/16/38

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) New Plymouth
(State or country) Idaho

13. NAME Clifford W. Black

14. BIRTHPLACE (city or town) _____
(State or country) _____

15. MAIDEN NAME Catherine M. Carter

16. BIRTHPLACE (city or town) Ontario, Oregon
(State or country) _____

17. INFORMANT Dena Jordan
(Address) Vale, Oregon

18. BURIAL, CREMATION OR REMOVAL
Place Vale, Oregon Date 2/17/38, 193__

19. UNDERTAKER John D. Fisher
(Address) 24th Street, Vale, Oregon

20. FILED 2/17/38, 193__
J. Woodward
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/16/38, 193__

22. I HEREBY CERTIFY, That I attended deceased from 2/16/38, 193__, to 2/16/38, 193__

I last saw him alive on _____, 193__: death is said to have occurred on the date stated above, at 8.00p m.

The principal cause of death and related causes of importance were as follows:

STILLBORN INFANT
PLACENTAL SEPARATION

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Geo. E. Davis M. D.
(Address) New Plymouth, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC HEALTH	
City of <u>Boise</u>		BUREAU OF VITAL STATISTICS	
No. <u>R # 4</u>	St. <u>Idaho</u>	CERTIFICATE OF BIRTH <u>S 264601</u>	
(If born in hospital or institution give name.) <u>Still born</u>		Registration District No. <u>8</u>	State File No. <u>4</u>
2. FULL NAME OF CHILD		Prim. Registration District No. <u>2004</u>	Local Registrar's No. <u>4</u>
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. <u>—</u> 5. Number, in order of birth. <u>—</u>	6. Premature? <u>no</u> Full term. <u>—</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>2 27 1938</u> (Month, Day, Year)			
9. Full name <u>Hyrum C. Wardle</u> FATHER		18. Full maiden name <u>Ira Holtshuser</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>R # 4 Boise Id</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>R # 4 Boise Id</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>44</u> (years)		21. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Salt Lake County Utah</u>		22. Birthplace (city or place) (State or Country) <u>San Luis Valley, Colo.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Same</u>
	16. Date (month and year) last engaged in this work <u>Feb 1938</u>		25. Date (month and year) last engaged in this work <u>Feb 1938</u>
17. Total time (years) spent in this work <u>35 yrs</u>		26. Total time (years) spent in this work <u>20</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>—</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>10</u> (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>2 mo</u> { months or weeks		30. Cause of stillbirth <u>Not known</u> Before labor <u>Before</u> During labor <u>—</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 A m. on the date above stated.

(Born Alive or Stillborn)

(Signed) O. H. Hamilton, M. D.

or Boise Idaho, Midwife

Address Boise Idaho

Filed 3 - 2 1938 R. Sharp

Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEATH OF IDAHO
BUREAU OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
COUNTY OF Boise
CITY OF Boise
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
108001
State File No. _____

Registration District No. 2
Primary Registration District No. 1004 Local Registrar's No. 22

(No. _____)
(If death occurred in a hospital or institution, write its name instead of street and number)

2. FULL NAME Baby Wardle Robert Lee Wardle

(a) Residence No. Whitney Bench Route #4 St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2-27-1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Route #4
(State or country) Boise, Idaho

13. NAME Hyrum C. Wardle

14. BIRTHPLACE (city or town) Salt Lake County
(State or country) Utah

15. MAIDEN NAME Iva Holtsclow

16. BIRTHPLACE (city or town) St. Louis Valley
(State or country) Colorado

17. INFORMANT Hyrum C. Wardle
(Address) Route #4 Boise, Idaho

18. BURIAL CREMATION OR REMOVAL
Place Marshall Date 2-28, 1938

19. UNDERTAKER William McBratney
(Address) Boise, Idaho

20. FILED 2-28, 1938 R. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 2-27-1938

22 I HEREBY CERTIFY, That I attended deceased from 2-27, 1938, to 2-27, 1938.

I last saw him alive on 1938; death is said to have occurred on the date stated above, at 10:00a m.

The principal cause of death and related causes of importance were as follows:

Premature 7 months Date of onset

Still born

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) O. P. Hamilton M. D.
(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IOWA	
County of <u>Ada</u>	City of <u>Base</u>	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
No. <u>St. Luke's Hospital</u>	St. <u>APR 12 1938</u>	CERTIFICATE OF BIRTH S 264609	
(If born in hospital or institution give name.)		Registration District No. <u>2</u>	State File No. <u>264609</u>
2. FULL NAME OF CHILD <u>Stillborn Juries</u>		Prim. Registration District No. <u>1004</u>	Local Registrar's No. <u>159</u>
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>None</u> 5. Number, in order of birth <u>2</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>Feb-13</u> 19 <u>38</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Howard L. Juries</u>		18. Full name <u>MOTHER</u> <u>Mildred Louise Babbitt</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma Idaho</u>	
11. Color or race <u>Wh.</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>Wh.</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Reduce Klesler</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Wif</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation { months or weeks		30. Cause of Stillbirth { During labor. Before labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:29 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) R. Sharp

or

Address

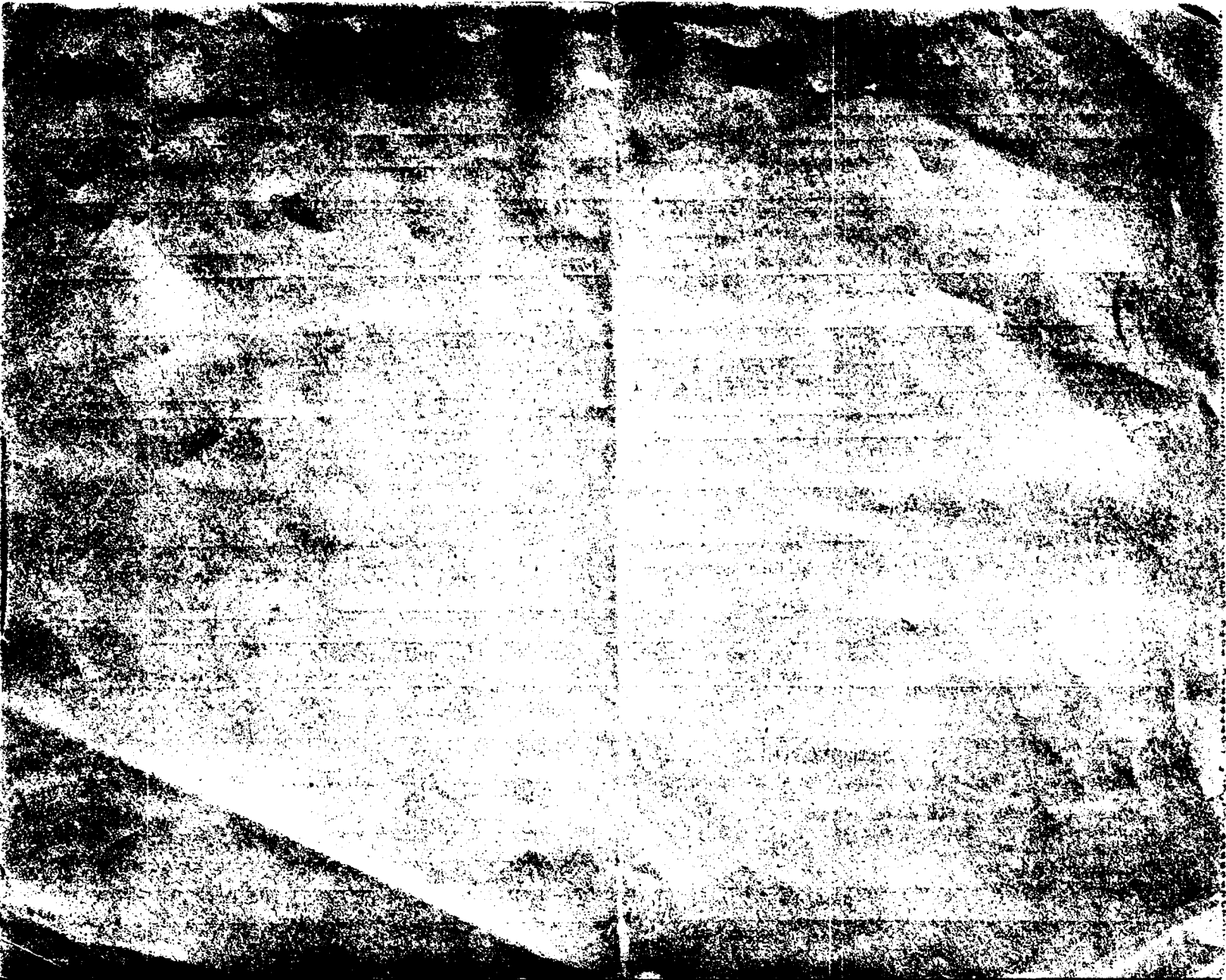
Filed

3-1

1938

R. Sharp

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Ada</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>108026</u>	
City of <u>Bow</u>		BUREAU OF VITAL STATISTICS			
CERTIFICATE OF DEATH					
Registration District No. <u>2</u>					
Primary Registration District No. <u>1004</u>					
(No. <u>St. Luke's Hospital</u>)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby James</u>					
(a) Residence No. <u>Box</u> St. <u>Parks, Idaho</u>					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. ds. <u>0</u> How long in U.S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>M</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Still born</u>					
6. DATE OF BIRTH (month, day, and year) <u>2/13/38</u>					
7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plane</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
13. NAME <u>Howard Leroy James</u>					
14. BIRTHPLACE (city or town) <u>Parks</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Mildred Louise Bell</u>					
16. BIRTHPLACE (city or town) <u>Barley</u> (State or country) <u>Nebraska</u>					
17. INFORMANT <u>Howard Leroy James</u> (Address) <u>Parks, Idaho, Box 207</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Mountain View</u> Date <u>2/14/38</u> , 1938					
19. UNDERTAKER <u>Wm. W. Bratton</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>2-17</u> , 1938 <u>R. D. Sharp</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>2-13 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 13</u> , 1938, to <u>Feb 13</u> , 1938.					
I last saw him alive on <u>1938</u> death is said to have occurred on the date stated above, at <u>about 2</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still born.</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury					
1938					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so specify					
(Signed) <u>R. D. Sharp</u> M. D.					
(Address) <u>Parks, Idaho</u>					

D. R. Sharp & Co.

AUG 2 5 1927

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No cause for still birth apparent. Baby evidently dead for 48 hrs.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Ada</u> City of <u>Boise</u> No. <u>St. Lukes Hosp.</u> St. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Ramie Howard</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>2</u> State File No. <u>264626</u> Prim. Registration District No. <u>1004</u> Local Registrar's No. <u>176</u>	
3. Sex <u>F</u> If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>✓</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>3/26/38</u> 19 <u>38</u> (Month, Day, Year)
9. Full name <u>Frank L. Howard</u> FATHER 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Route 2</u> 11. Color or race <u>W</u> 12. Age at last birthday <u>40</u> (years) 13. Birthplace (city or place) <u>Pontiac, Ill.</u> (State or Country)		18. Full maiden name <u>Roberts, Grace R. Roberts</u> MOTHER 19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u> 20. Color or race <u>W</u> 21. Age at last birthday <u>35</u> (years) 22. Birthplace (city or place) <u>Priddy Prairie, Kansas</u> (State or Country)	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank teller</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work <u>at present</u> 19 <u> </u> 17. Total time (years) spent in this work <u>2</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>None</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work <u>at present</u> 19 <u> </u> 26. Total time (years) spent in this work <u>2</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation { months or weeks		30. Cause of stillbirth <u>Placenta</u> Before labor <u>✓</u> During labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 34 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

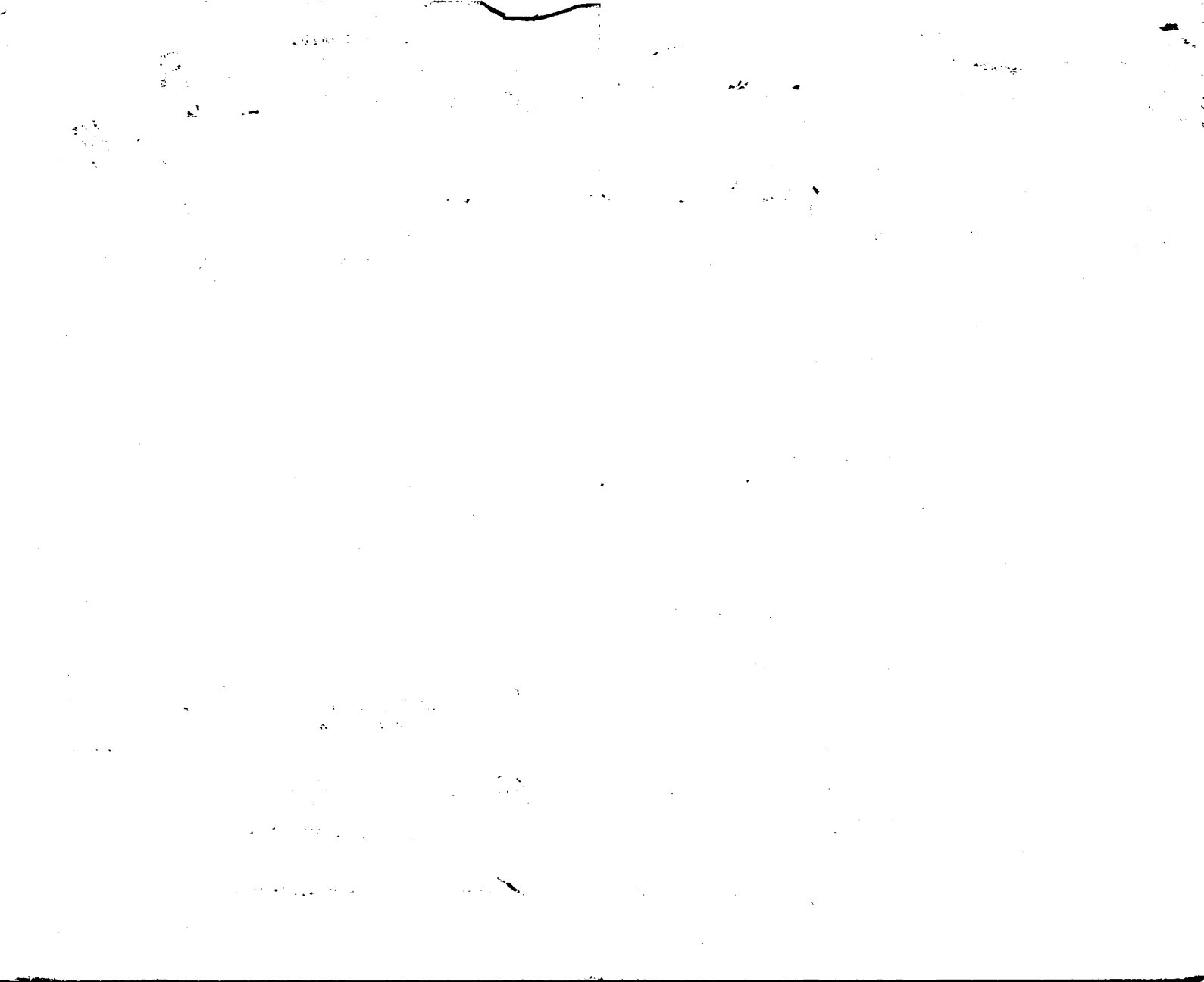
(Signed) E. J. Jones, M. D.

or _____, Midwife

Address Boise, Idaho

Filed 3-12-38 1938 R. Sharp

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of	Ada	DEPARTMENT OF PUBLIC WELFARE		State File No. 108030	
City of	Boise	BUREAU OF VITAL STATISTICS			
		CERTIFICATE OF DEATH			
MAR 11 1938		Registration District No. 2		Local Registrar's No. 60	
		Primary Registration District No. 1004			
		(No. St. Luke's)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME Rosalie Howard					
(a) Residence No. Rt. 2 Boise Idaho St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX Female	4. Color or Race white	5. Single, Married, Widowed or Divorced (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) 2/26/1938					
7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.	
	0	0	0		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation Boise					
12. BIRTHPLACE (city or town) (State or country) Idaho					
13. NAME Frank L. Howard					
14. BIRTHPLACE (city or town) (State or country) Pontiac Ill.					
15. MAIDEN NAME Grace R. Roberts					
16. BIRTHPLACE (city or town) (State or country) Pretty Prairie Kansas					
17. INFORMANT (Address) Frank L. Howard Rt. 2 Boise Idaho					
18. BURIAL, CREMATION OR REMOVAL Place Roswell Idaho Date 2/27/1938					
19. UNDERTAKER Schreiber & McCann (Address) Boise Idaho					
20. FILED 2-26-38 R. Sharp Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) 2/26 1938					
22 I HEREBY CERTIFY, That I attended deceased from 2/26 1938 , to 2/26 1938 , to 2/26 1938					
I last saw him on 2/26 1938 : death is said to have occurred on the date stated above, at 2/26 1938 m.					
The principal cause of death and related causes of importance were as follows:					
Abdominal Pleurisy					
Date of onset 2/20/38					
Other contributory causes of importance:					
Name of operation none Date of 2/26/38					
What test confirmed diagnosis? Ex Was there an autopsy? no					
23. If death was due to exte'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? no Date of injury 1938					
Where did injury occur? no					
(Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place					
Manner of injury					
Nature of injury					
24 Was disease or injury in any way related to occupation of deceased? no If so, specify					
(Signed) Emmett R. Jones , M. D.					
(Address)					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

710

RECEIVED
APR 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH
County of Ada
City of Brise
No. St. Luke's Hospital St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 26664
Prim. Registration District No. 1004 Local Registrar's No. 274

2. FULL NAME OF CHILD George Paul Parks, Jr. (Stillborn)

3. Sex male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term yes 7. Legiti- mate? yes 8. Date of birth Feb 12, 1938 (Month, Day, Year)

9. Full name FATHER George Paul Parks 18. Full maiden name MOTHER Ann Gertrude Skaldo
10. Residence (usual place of abode) 401 Resequ 19. Residence (usual place of abode) Same
(If non-resident, give place and State)

11. Color or race w 12. Age at last birthday 31 (years) 20. Color or race w 21. Age at last birthday 29 (years)
13. Birthplace (city or place) Clifton Colorado 22. Birthplace (city or place) Idaho
(State or Country) (State or Country)

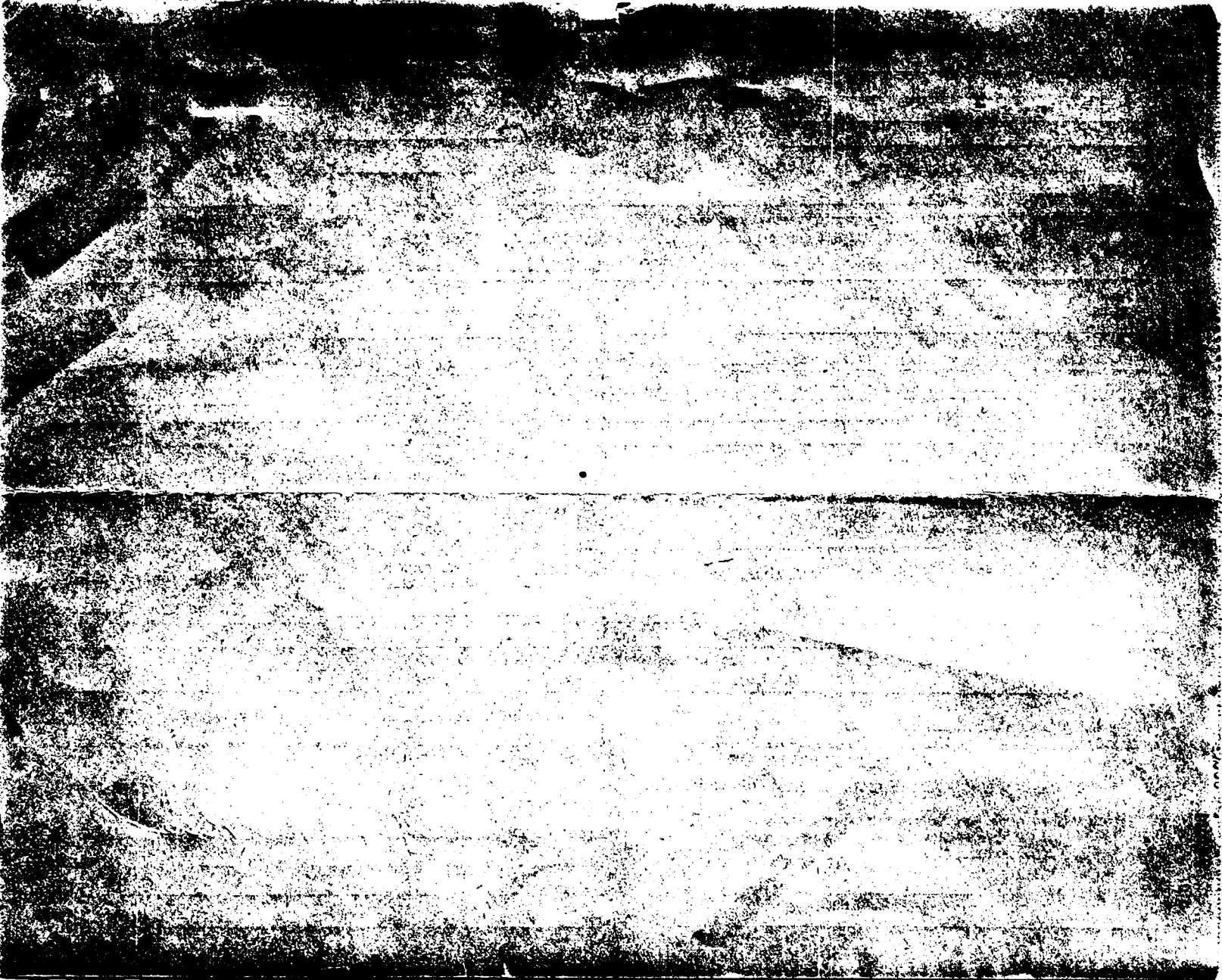
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1
29. If stillborn, period of gestation full time { months or weeks 30. Cause of Stillbirth During labor
Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born Alive or Stillborn) at 11:30 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. (Date of) 3-21 1938
(Signed) Phyllis T. Norka, M. D.
or Brise, Idaho Midwife
Address 3-21 1938 R. Sharp
Filed 3-21 1938 R. Sharp
Registrar.



Dr. No. 3
3
1
MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		108023	
County of <u>Ada</u>		Registration District No. <u>2</u>		State File No. <u>52</u>	
City of <u>Boise</u>		Primary Registration District No. <u>1004</u>		Local Registrar's No. <u>52</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>George Paul Parks</u>					
(a) Residence No. <u>St. Lukes Hospital</u> St. _____					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>Male</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>2-12-1938</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Boise</u> <u>Idaho</u>					
(State or country)					
13. NAME <u>George Paul Parks</u>					
14. BIRTHPLACE (city or town) <u>Cleifton</u> <u>Colorado</u>					
(State or country)					
15. MAIDEN NAME <u>Ann Gertrude Waldo</u>					
16. BIRTHPLACE (city or town) <u>Weiser</u> <u>Idaho</u>					
(State or country)					
17. INFORMANT <u>George Paul Parks</u> (Address) <u>Boise, Idaho</u>					
18. BURIAL <u>Morris Hill</u> Date <u>2-14-1938</u> 193.					
19. UNDERTAKER <u>William McBratney</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>2-16</u> 193 <u>8 B. Sharp</u> Registrar					
MEDICAL CERTIFICATE OF DEATH.					
21. DATE OF DEATH (month, day and year) <u>2-12-1938</u>					
22 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 12</u> , 193 <u>8</u> , to <u>Feb. 12</u> , 193 <u>8</u> .					
I last saw h. <u>Still Birth</u> : death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
Still Birth - <u>2-12-38</u>					
Date of onset					
Other contributory causes of importance: <u>Still Birth</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193_____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24 Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____					
(Signed) <u>Dr. T. J. Nolan</u> M. D.					
(Address) <u>Boise, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, be stated.

1. Name of Birth County of <u>Danvers</u> <u>Lava Hot Springs</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 264701	
No. <u>Rich Hospital</u>		Registration District No. <u>84</u>	State File No. _____
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2161</u>	Local Registrar's No. <u>18</u>
2. FULL NAME OF CHILD <u>Stillbirth</u> <u>Mason</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u>	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>Feb. 15, 1938</u> (Month, Day, Year)			
9. Full name <u>Charles H. Mason</u>	FATHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lava Hot Springs</u>	18. Full maiden name <u>Etta Ann Jones</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>45</u> (years)	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lava Hot Springs</u>	
13. Birthplace (city or place) (State or Country) <u>Council Bluffs</u> <u>Iowa</u>	20. Color or race <u>W</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	21. Age at last birthday <u>45</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>	22. Birthplace (city or place) (State or Country) <u>Lava Hot Springs</u> <u>Idaho</u>		
16. Date (month and year) last engaged in this work <u>now</u>	17. Total time (years) spent in this work <u>14</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
18. Date (month and year) last engaged in this work <u>now</u>	19. Total time (years) spent in this work <u>23</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
25. Date (month and year) last engaged in this work <u>now</u>			
26. Total time (years) spent in this work <u>23</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>7</u>			
(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ months <u>8</u> or weeks _____		30. Cause of stillbirth <u>Unknown</u>	
Before labor <u>Before</u>		During labor _____	

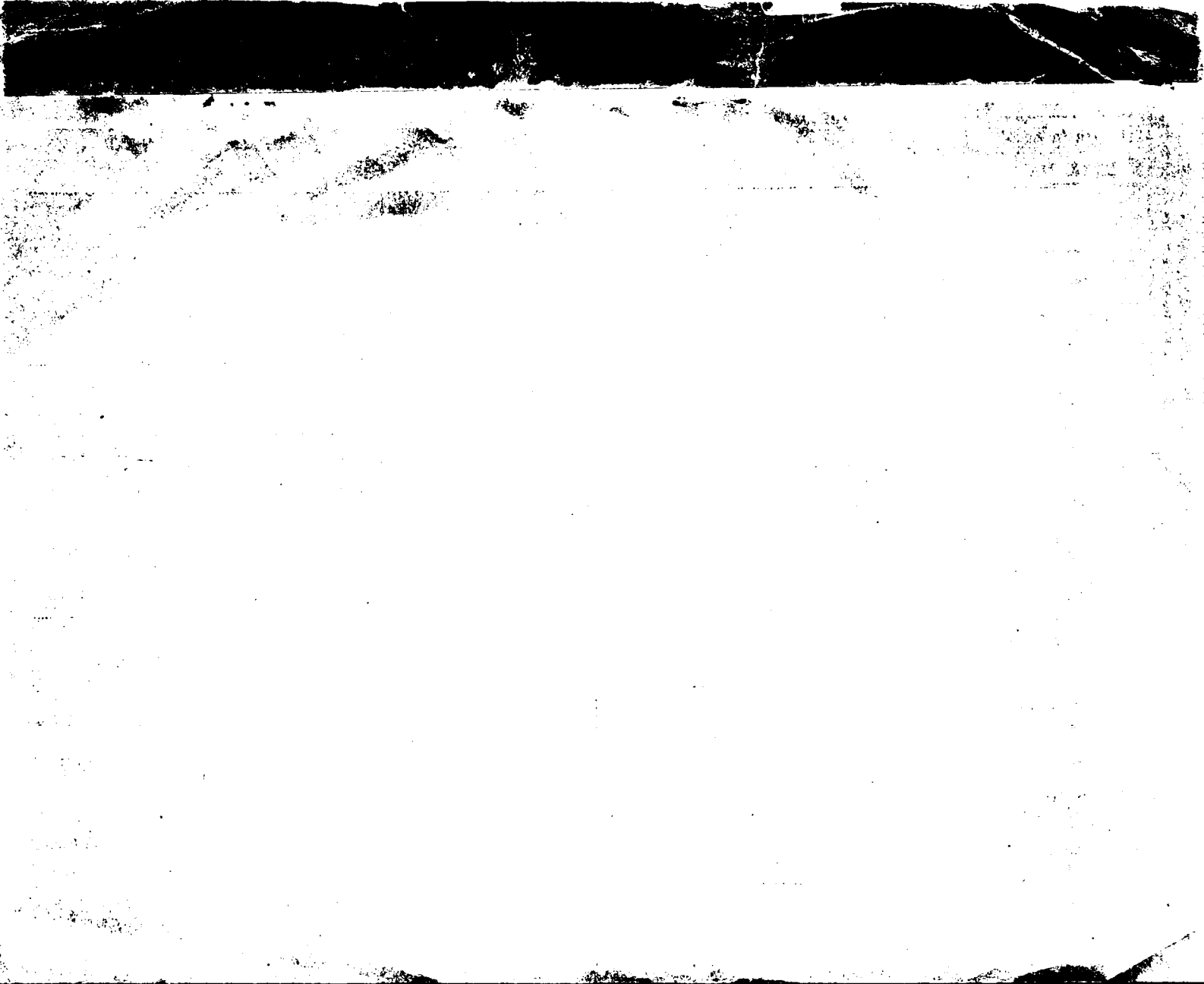
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 P.M. on the date above stated.
(Born Alive or Stillborn)

(Signed) D. A. Rich, M. D.
or _____, Midwife

Address Lava Hot Springs
Filed Mar 4-, 1938 Wm. J. G. Felt
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH		COUNTY OF <u>Latah</u>		CITY OF <u>Lava Hot Springs</u>		State File No. <u>108469</u>	
Registration District No. <u>84</u>		Primary Registration District No. <u>2161</u>		Local Registrar's No. <u>7</u>			
2. FULL NAME <u>Albuth Mason</u> (If death occurred in a hospital or institution, give its name instead of street and number.)							
(a) Residence. No. <u> </u> St. <u> </u> (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Female</u>		4. COLOR OR RACE <u>W</u>		5. Single, Married, Widowed, or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>193</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>		6. DATE OF BIRTH (month, day, and year) <u>Feb. 15-1938</u>		7. AGE Years Months Days If LESS than 1 day, hrs. or min. <u>None</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>On Feb. 15, 1938</u> , to <u> </u> , 1938. I last saw <u>h</u> alive on <u>Stillbirth</u> , 1938: death is said to have occurred on the date stated above, at <u> </u> hr. The principal cause of death and related causes of importance were as follows: <u>Unknown</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>		10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (city or town) (State or country) <u>Lava Hot Springs Idaho</u>		13. NAME <u>Stillbirth Charles H. Mason</u>		14. BIRTHPLACE (city or town) (State or country) <u>Council Bluffs Iowa</u>		15. MAIDEN NAME <u>Anna Avery</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Lava Hot Springs Idaho</u>		17. INFORMANT (Address) <u>Copied from Birth certificate of A. Rich</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u> </u> Date <u> </u> , 1938		19. UNDERTAKER (Address) <u>none</u>	
20. FILED <u>Mar 4</u> , 1938 <u>Mrs. J. G. Fife</u> Registrar		Name of operation <u> </u> Date of <u> </u>		What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 1938. Where did injury occur? (Specify city or town, county, and State) <u> </u> Specify whether injury occurred in industry, in home, or in public place. <u> </u> Manner of injury <u> </u> Nature of injury <u> </u>	
		24. Was disease or injury in any way related to occupation of deceased? <u> </u> If so, specify <u> </u> (Signed) <u>A. Rich</u> , M. D. (Address) <u>Lava Hot Springs</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bannock</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Grace</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		CERTIFICATE OF BIRTH	
		264713	
(If born in hospital or institution give name.)		Registration District No. <u>84</u> State File No. _____	
2. FULL NAME OF CHILD <u>Baby Qualman</u>		Prim. Registration District No. <u>2161</u> Local Registrar's No. <u>31</u>	
		<u>Stillborn</u>	
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>March 5, 1938</u> (Month, Day, Year)			
9. Full name FATHER <u>Leon Qualman</u>		18. Full maiden name MOTHER <u>Alta Rosendahl</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Grace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Grace</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>36</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Central, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Central Ida.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Houswife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
	16. Date (month and year) last engaged in this work <u>March 36</u>		25. Date (month and year) last engaged in this work <u>March 36</u>
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work <u>Life</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Greco-AgNO3</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 8:00 on the date above stated.

(Born Alive or Stillborn)

(Signed) Dr. E. S. Brown M. D.

or _____ Midwife

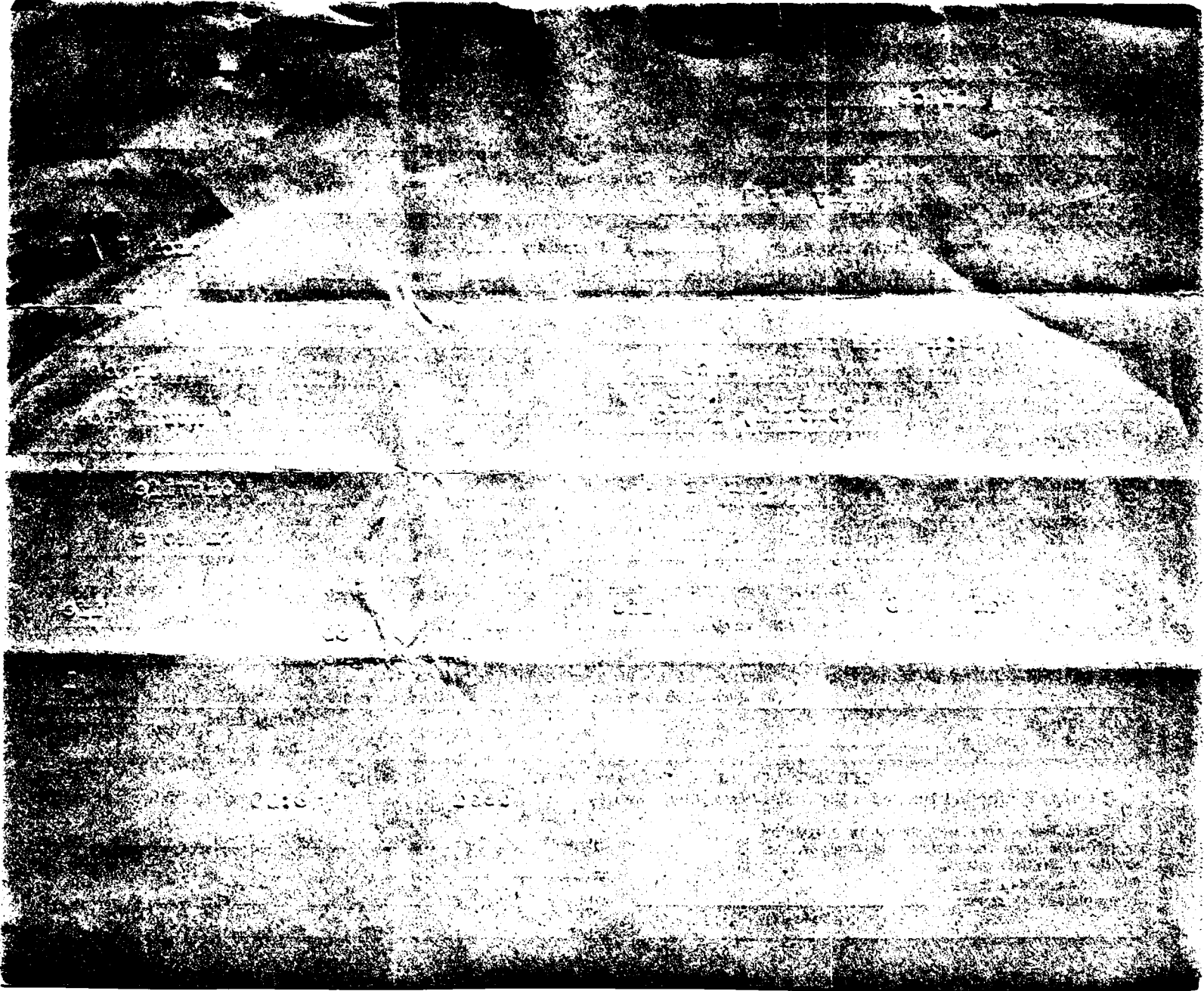
Address Grace Idaho

Filed Apr - 1 1938 Mr. J. J. Felt

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BannockCity of GRACE

APR 6 1938

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
Registration District No. 84Primary Registration District No. 2161

(No. _____)

Local Registrar's No. 11

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Qualman(a) Residence. No. Grace Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) March 5, 1938
 7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Central, Idaho
(State or country)13. NAME Leon Qualman14. BIRTHPLACE (city or town) Central Idaho
(State or country)15. MAIDEN NAME Alta Rosedahl16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT From birth certificate
(Address)18. BURIAL, CREMATION OR REMOVAL
Place _____ Date _____, 193__19. UNDERTAKER Had none
(Address)20. FILED Apr 1, 1938 Mrs. J. G. Fay
Registrar

DO NOT WRITE IN THIS SPACE

State File No. 108473

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 5, 193822. I HEREBY CERTIFY That I attended deceased from March 5, 1938 to March 5, 1938

I last saw h. _____ alive on _____, 193__; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

 Date of onset March 5, 1938
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 193__
 Where did injury occur? _____
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) D. E. S. Overmyer M. D.(Address) Grace Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other CONTRIBUTORY CAUSES of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 14 1938

Registration District No. 28 State File No. 264739

Prim. Registration District No. 2761 Local Registrar's No. 109

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Barbara Lee Holt

3. Sex female If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature yes 7. Legiti-
Full term _____ mate? yes 8. Date of
birth March 3, 1938
(Month, Day, Year)

FATHER		MOTHER	
9. Full name	<u>Jack S. Holt</u>	18. Full maiden name	<u>Elta Lee</u>
10. Residence (usual place of abode) (If non-resident, give place and State)	<u>1536 No. Harrison</u>	19. Residence (usual place of abode) (If non-resident, give place and State)	<u>1536 No. Harrison</u>
11. Color or race <u>white</u>	12. Age at last birthday <u>51</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>38</u> (years)
13. Birthplace (city or place) (State or Country)	<u>Sun River, Montana</u>	22. Birthplace (city or place) (State or Country)	<u>Spencer, Idaho</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Cement Finisher</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>own home</u>
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>2 mo.</u>	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work <u>20 yrs.</u>
<u>present</u> , 193 <u>8</u>		<u>19</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child)
8 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 4

29. If stillborn, period of gestation 6 months { months or weeks

30. Cause of Stillbirth mother ends - ruptured and anemic Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

a.m.

I hereby certify that I attended the birth of this child, who was

still born at 10:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

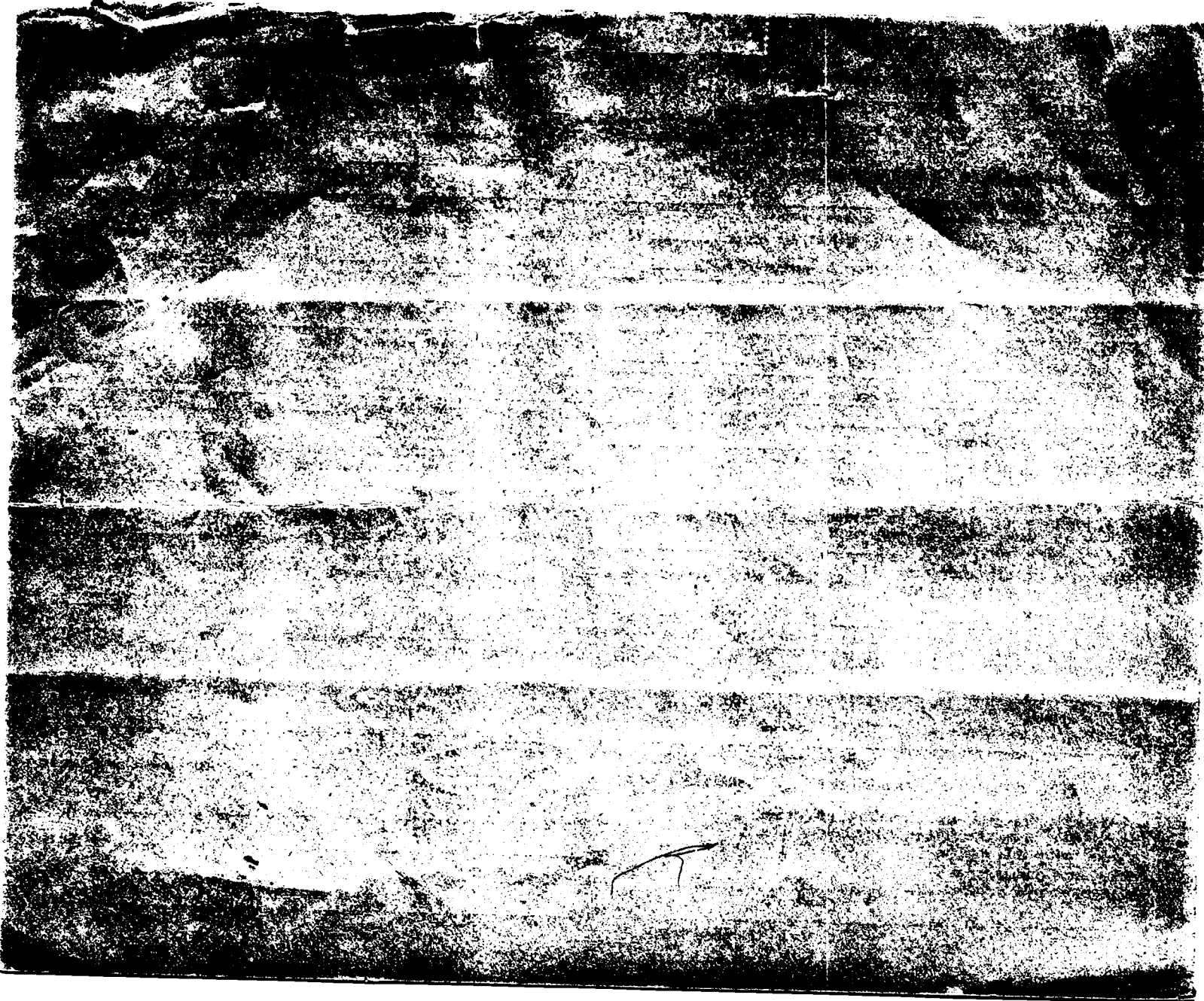
(Signed) W. H. Harghart, M. D.

or _____, Midwife

Address Pocatello, Idaho

Filed March 17, 1938 L. Ray

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108444

Registration District No. 28

Primary Registration District No. 2761

Local Registrar's No. 42

(No. Pocatello General Hospital)

APR 4 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Barbara Lee Holt

(a) Residence No. Pocatello, Idaho. St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 3/3/1938.

7. AGE Years 0 Months Stillborn Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Pocatello, Idaho. (State or country)

13. NAME Jack S. Holt

14. BIRTHPLACE (city or town) Montana. (State or country)

15. MAIDEN NAME Alta Lee

16. BIRTHPLACE (city or town) Spencer, Idaho. (State or country)

17. INFORMANT Jack S. Holt (Address) Pocatello, Idaho.

18. BURIAL, CREMATION OR REMOVAL Pocatello, Idaho. Place Mar. 4, 1938. Date

19. UNDERTAKER Arthur W. Hall Mortuary (Address) Pocatello, Idaho.

20. FILED Mar. 5, 1938. S. C. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3/3/1938.

22 I HEREBY CERTIFY, That I attended/deceased from 3/3, 1938, to 3/3/38, 1938.

I last saw her alive 3/3/1938: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Stillborn - premature

Other contributory causes of importance:

mother has nephritis.

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) A. W. Hughes M. D.

(Address) Pocatello, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.E.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Baby Boy Smith

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 14 1938

CERTIFICATE OF BIRTH

Brother
S 264773

Registration District No. 28

State File No. 143

Prim. Registration District No. 2161

Local Registrar's No. 143

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature 7 mo Full term _____ 7. Legitimate? yes 8. Date of birth 3-20, 1938 (Month, Day, Year)

9. Full name FATHER
Thomas Stacy Smith

10. Residence (usual place of abode) 219 So 8th
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Pocatello, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager of

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Western Finance Co.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 3 1/2 yrs.

18. Full maiden name MOTHER
Jessie Edith Hutchinson

19. Residence (usual place of abode) same
(If non-resident, give place and State)

20. Color or race white 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Albuquerque, Mexico
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work 10 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 mo.

{ months or weeks

30. Cause of Stillbirth Albuminuria

{ Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:10 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) W. W. Brothers, M. D.

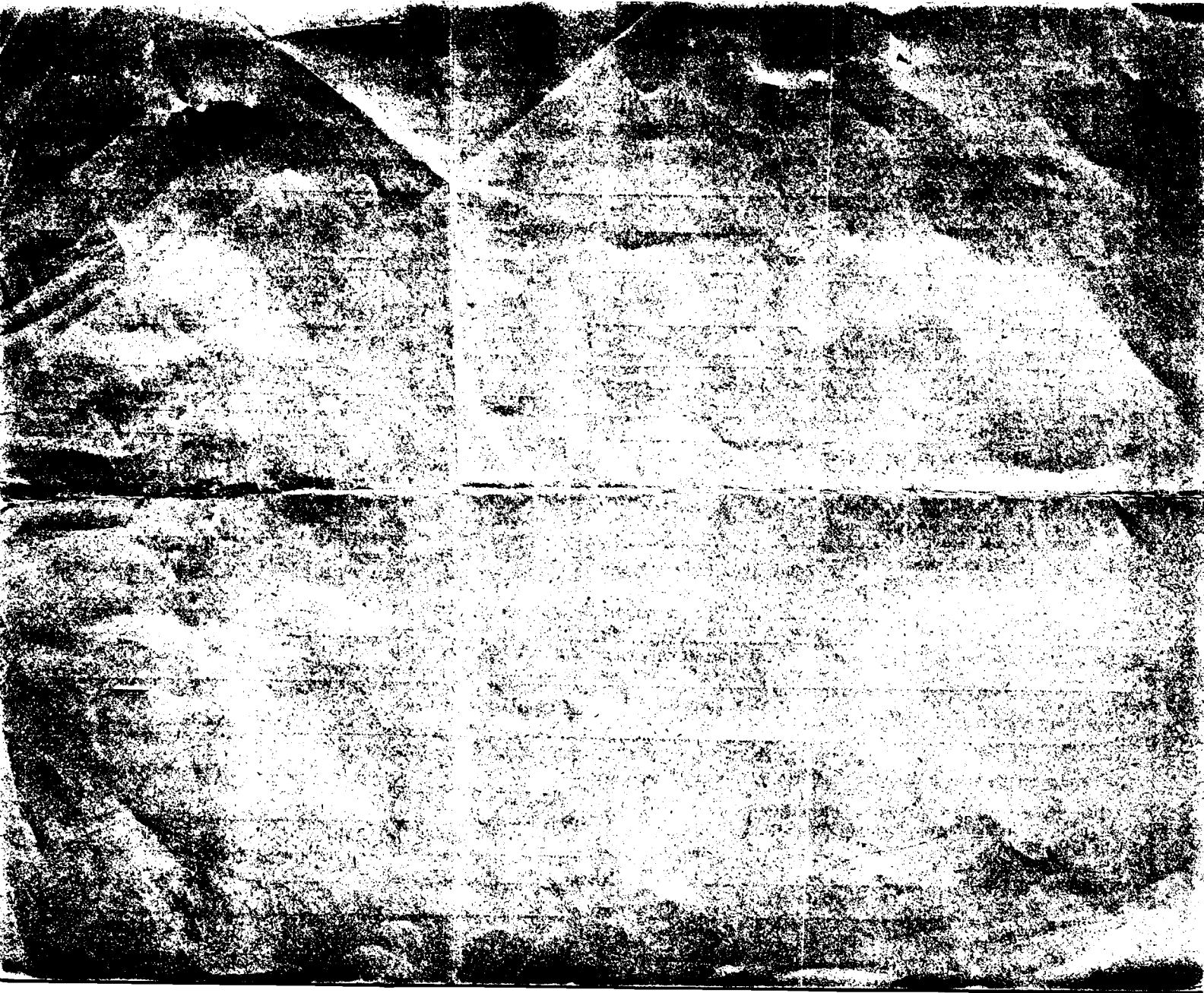
or _____, Midwife

Address Franklin St. Pocatello, Idaho

Filed March 31, 1938

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of	Bannock	CERTIFICATE OF DEATH					
City of	Pocatello	Registration District No. 28		Primary Registration District No. 2161		Local Registrar's No. 54	
(If death occurred in a hospital or institution, give its name instead of street and number)							
2. FULL NAME		Infant Smith					
(a) Residence No.		General Hospital Pocatello					
(Usual place of abode)		(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS.							
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)					
Male	White	Single					
6a. If married, widowed, or divorced							
HUSBAND of							
(or) WIFE of							
6. DATE OF BIRTH (month, day, and year)							
March 20, 1938							
7. AGE		Years	Months	Days	If LESS than 1 day		
Still born					hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
None							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (mo. and yr.)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (State or country)							
Pocatello Idaho							
13. NAME							
Thomas Stacy Smith							
14. BIRTHPLACE (city or town) (State or country)							
Pocatello Idaho							
15. MAIDEN NAME							
Jessie Hutchinson							
16. BIRTHPLACE (city or town) (State or country)							
Elberquerque New Mexico							
17. INFORMANT (Address)							
Thomas Stacy Smith Pocatello Idaho							
18. BURIAL, CREMATION OR REMOVAL Place Date							
Pocatello Mar 21, 1938							
19. UNDERTAKER (Address)							
Pocatello Idaho							
20. FILED Mar 21, 1938 Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) 1938							
Mar 20, 1938, to Mar 20, 1938							
I last saw him alive on 1938: death is said to have occurred on the date stated above, at 6:15 p. m.							
The principal cause of death and related causes of importance were as follows:							
Ruptured placenta Stillborn							
Date of onset Mar 17, 1938							
Other contributory causes of importance:							
Name of operation Date of							
What test confirmed diagnosis? Was there an autopsy?							
23. If death was due to exter'l causes (violence) fill in also the following:							
Accident, suicide, or homicide? Date of injury							
1938							
Where did injury occur? (Specify city or town, county, and state)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? If so, specify							
(Signed) M. D.							
(Address) Pocatello Idaho							

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

APR 14 1938

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

Registration District No. 28 State File No. 1344
Prim. Registration District No. 2161 Local Registrar's No. 154

2. FULL NAME OF CHILD Vea Lois Yancy

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>3-22</u> , 19 <u>38</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	---

9. Full name FATHER
Richard E. Yancy

18. Full maiden name MOTHER
Ethella Wright

10. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot, Ida

19. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot, Ida.

11. Color or race white | 12. Age at last birthday 27 (years)

20. Color or race white | 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Blackfoot, Idaho
(State or Country)

22. Birthplace (city or place) Blackfoot, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lease-Indian land

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work 1 yr.

25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work 11 mo.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate 1%

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living 0 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation full term { months or weeks }
30. Cause of Stillbirth { Before labor _____ During labor yes }
Delivery

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3:20 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) E. Miller, M. D.

or _____, Midwife

Address Blackfoot, Ida

Filed April 4, 1938 Registrar.

Registrar.

Registrar.

PLACE OF DEATH

County of Bernard
City of Portland

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108458

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 57

(No. Facilella General Hosp)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Ula Lais Yancy

(a) Residence No. Opportunity Idaho St.
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race Cauc 5. Single, Married, Widowed or Divorced, (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3-22-38

7. AGE Years Months Days If LESS than 1 day hrs or min
Stallburt

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10. Date deceased last worked at this occupation (mo. and yr.) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Portland
(State or country) Idaho

13. NAME Richard Yancy

14. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

15. MAIDEN NAME Estelle Wright

16. BIRTHPLACE (city or town) Blackfoot, Ida.
(State or country)

17. INFORMANT Estelle Yancy
(Address) Blackfoot Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Blackfoot Date March 24, 1938

19. UNDERTAKER J. J. Sandberg
(Address) Blackfoot

20. FILED March 24, 1938 W. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-22-1938

22. I HEREBY CERTIFY, That I attended deceased from birth, 193, to 193

I last saw h. alive on 193: death is said

to have occurred on the date stated above, at Idaho m.

The principal cause of death and related causes of importance were as follows:

Stallburt

Other contributory causes of importance:

Difficult Labor

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193..

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased no If so, specify:

(Signed) A. G. Miller M. D.

(Address) Blackfoot Idaho

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT SUBORDINATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

12. In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE 1

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. What is the main purpose of the document?
 The main purpose of the document is to provide a detailed description of the project's objectives, scope, and timeline.

2. What are the key components of the project?
 The key components of the project include the following:

- Project Objectives
- Project Scope
- Project Timeline
- Project Budget
- Project Risks
- Project Communication
- Project Monitoring and Control
- Project Closure

3. What are the project's goals and objectives?
 The project's goals and objectives are as follows:

- Goal 1: To develop a new product line.
- Goal 2: To increase market share.
- Goal 3: To improve customer satisfaction.
- Goal 4: To reduce production costs.
- Goal 5: To enhance the company's reputation.

4. What is the project's scope?
 The project's scope is defined by the following:

- Product Line: New product line.
- Market Share: Increase market share.
- Customer Satisfaction: Improve customer satisfaction.
- Production Costs: Reduce production costs.
- Company Reputation: Enhance the company's reputation.

5. What is the project's timeline?
 The project's timeline is as follows:

- Phase 1: Planning (1 month).
- Phase 2: Development (3 months).
- Phase 3: Testing (2 months).
- Phase 4: Deployment (1 month).
- Phase 5: Evaluation (1 month).

6. What is the project's budget?
 The project's budget is as follows:

- Phase 1: Planning (10,000).
- Phase 2: Development (30,000).
- Phase 3: Testing (20,000).
- Phase 4: Deployment (10,000).
- Phase 5: Evaluation (10,000).

7. What are the project's risks?
 The project's risks are as follows:

- Risk 1: Delayed timeline.
- Risk 2: Increased costs.
- Risk 3: Poor customer satisfaction.
- Risk 4: Low market share.
- Risk 5: Negative company reputation.

8. What is the project's communication plan?
 The project's communication plan is as follows:

- Phase 1: Planning (1 month).
- Phase 2: Development (3 months).
- Phase 3: Testing (2 months).
- Phase 4: Deployment (1 month).
- Phase 5: Evaluation (1 month).

9. What is the project's monitoring and control plan?
 The project's monitoring and control plan is as follows:

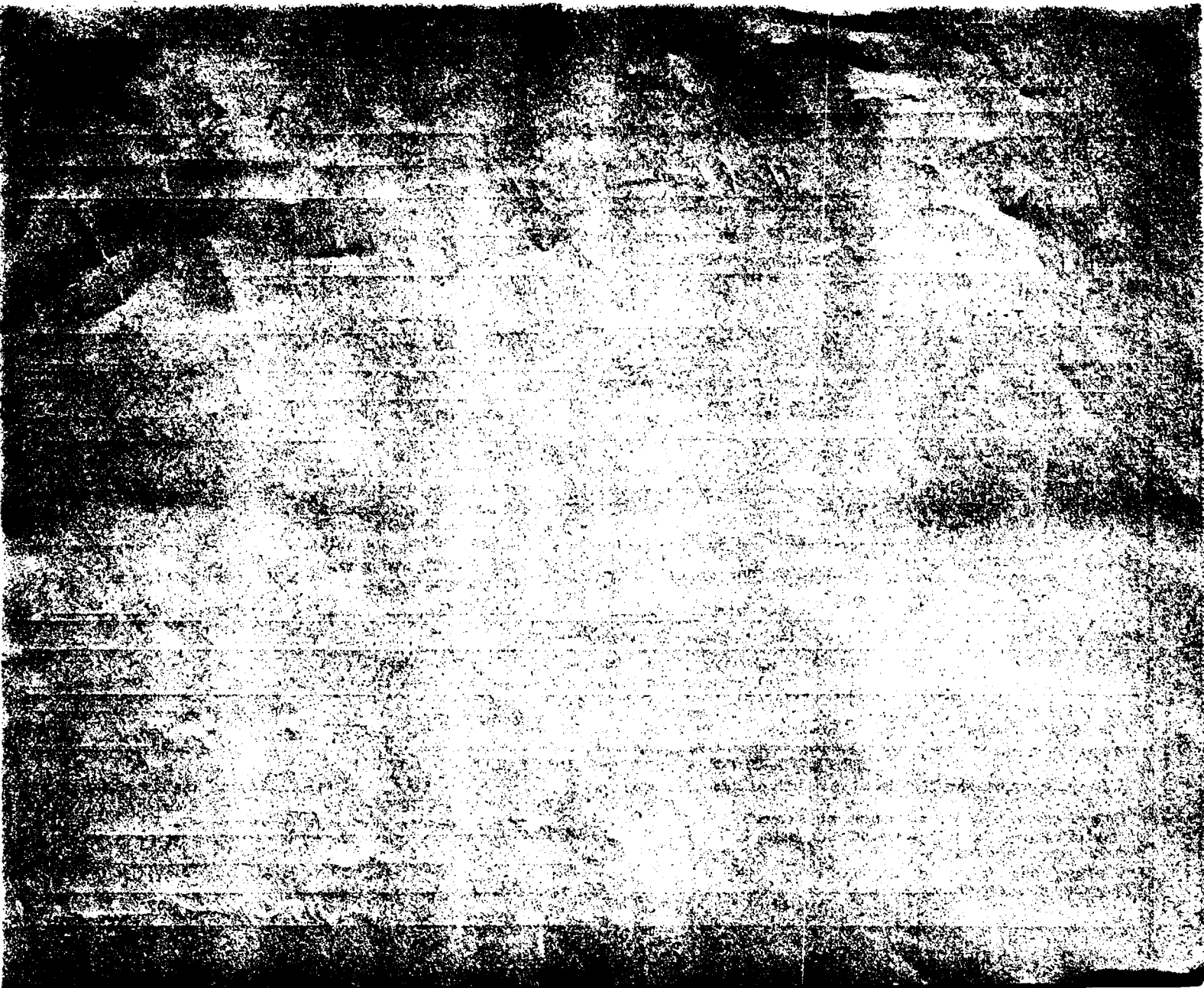
- Phase 1: Planning (1 month).
- Phase 2: Development (3 months).
- Phase 3: Testing (2 months).
- Phase 4: Deployment (1 month).
- Phase 5: Evaluation (1 month).

10. What is the project's closure plan?
 The project's closure plan is as follows:

- Phase 1: Planning (1 month).
- Phase 2: Development (3 months).
- Phase 3: Testing (2 months).
- Phase 4: Deployment (1 month).
- Phase 5: Evaluation (1 month).

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bingham</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Aberdeen</u>		BUREAU OF VITAL STATISTICS	
No. _____		CERTIFICATE OF BIRTH S 264835	
Registration District No. <u>116</u>		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2195</u> Local Registrar's No. <u>13</u>	
2. FULL NAME OF CHILD <u>Steel born</u> <u>James</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>
9. Full name <u>John Elmer Jones</u>		18. Full maiden name <u>Roberta Mae Snow</u>	
10. Residence (usual place of abode) <u>Aberdeen, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Aberdeen, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u> 12. Age at last birthday <u>29</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) <u>Lake Shore, Utah</u> (State or Country)		22. Birthplace (city or place) <u>Price, Utah</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Common</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
	16. Date (month and year) last engaged in this work <u>Now</u> , 19 <u>38</u>		25. Date (month and year) last engaged in this work <u>Now</u> , 19 <u>38</u>
17. Total time (years) spent in this work <u>11</u>		26. Total time (years) spent in this work <u>8</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>6</u> (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>3</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>26 Weeks</u> { months _____ or weeks _____		30. Cause of Stillbirth { During labor _____ Before labor <u>Yes</u>	
30. Cause of Stillbirth <u>Unknown</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:00P</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>M. C. Markum</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Aberdeen, Idaho</u>	
Registrar. _____		Filed <u>March 29, 1938</u> <u>M. C. Markum</u> Registrar. _____	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Aberdeen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 116Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 108483

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. _____
(Usual place of abode)

St. Aberdeen, Idaho

Length of residence in city or town where death occurred. "yrs." mos. "ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>-----</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year)		
7. AGE	Years	Months
	<u>0</u>	<u>0</u>
		Days
		<u>0</u>
		If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>-----</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-----</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) <u>-----</u>	
	11. Total time (years) spent in this occupation <u>-----</u>	

12. BIRTHPLACE (city or town) Aberdeen, Idaho
(State or country)

13. NAME Elmer Jones

14. BIRTHPLACE (city or town) Lake Shore,
(State or country) Utah.

15. MAIDEN NAME Roberta Mae Snow

16. BIRTHPLACE (city or town) Price,
(State or country) Utah

17. INFORMANT W. I. Snow
(Address) Aberdeen, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen Date Mar. 2, 1938

19. UNDERTAKER Friends
(Address) Aberdeen, Idaho

20. FILED Mar. 29 1938 Memorandum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from
-----, 193-----, to -----, 193-----

I last saw h. alive on -----, 193-----; death is said to have occurred on the date stated above, at ----- m. The principal cause of death and related causes of importance were as follows:

Stillborn.Cause unknown.

Other contributory causes of importance:

Date of onset

Name of operation. _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury. _____, 193-----

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Memorandum, M. D.(Address) Aberdeen, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot,
No. _____ St. County Hospital

APR 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264843

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1007 Local Registrar's No. 56

2. FULL NAME OF CHILD Not named

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? No 8. Date of birth 3-16- 1938
(Month, Day, Year)

9. Full name FATHER
Refused to give name of father

18. Full maiden name MOTHER
Dorothy Deeds

10. Residence (usual place of abode)
(If non-resident, give place and State) do not know

19. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot,

11. Color or race X 12. Age at last birthday Day (years)

20. Color or race White 21. Age at last birthday 20 (years)

13. Birthplace (city or place) No information
(State or Country) X

22. Birthplace (city or place)
(State or Country) Blackfoot, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no information

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Nothing.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. X

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. X

16. Date (month and year) last engaged in this work X 17. Total time (years) spent in this work X

25. Date (month and year) last engaged in this work X 26. Total time (years) spent in this work X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nothing

28. Number of children of this mother X (At time of this birth and including this child)
(a) Born alive and now living none (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of Stillbirth unknown (During labor _____ Before labor two or three days.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 5:30A on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) J. O. Hampton M.D. M. D.

or _____ Midwife

Address Blackfoot, Idaho

Filed April 8, 1938 Mr. Walter E. Edmister

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of *Bunyan*
City of *Blackfoot*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. *121*Primary Registration District No. *1007*

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Donald Speeds*(a) Residence No. *County Hospital N. Jackson St.*

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than day hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME *would not tell*

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME *Rosothy Speeds*

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address) *Lydia Speeds Blackfoot*

18. BURIAL, CREMATION OR REMOVAL

Place *Fun. City* Date *March 18, 1938*

19. UNDERTAKER

(Address) *185 Park*

20. FILED

1938

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. *108490*Local Registrar's No. *25*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *3-17-1938*22. I HEREBY CERTIFY, That I attended deceased *man**3-17*, 1938, to

I last saw h. alive on 1938: death is said

to have occurred on the date stated above, at *7:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or

in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation

of deceased? If so, specify

(Signed)

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 264902

Registration District No. 23 State File No. _____
Prim. Registration District No. 2150 Local Registrar's No. 118

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls, Idaho
No. Memorial Drive St. _____
B. D. Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature 5 1/2 mo 7. Legitimate? yes 8. Date of birth Mar 2, 1938
(Month, Day, Year)

9. Full name FATHER Leslie John Simpson
10. Residence (usual place of abode) (If non-resident, give place and State) 1495 Willow St. City
11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or Country) Idaho Falls Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Repair Man

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation 5 1/2 mo { months _____ weeks _____ 30. Cause of stillbirth Asphyxia mother Before labor yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:30 A. M. on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed Mar 11, 1938 Registrar.

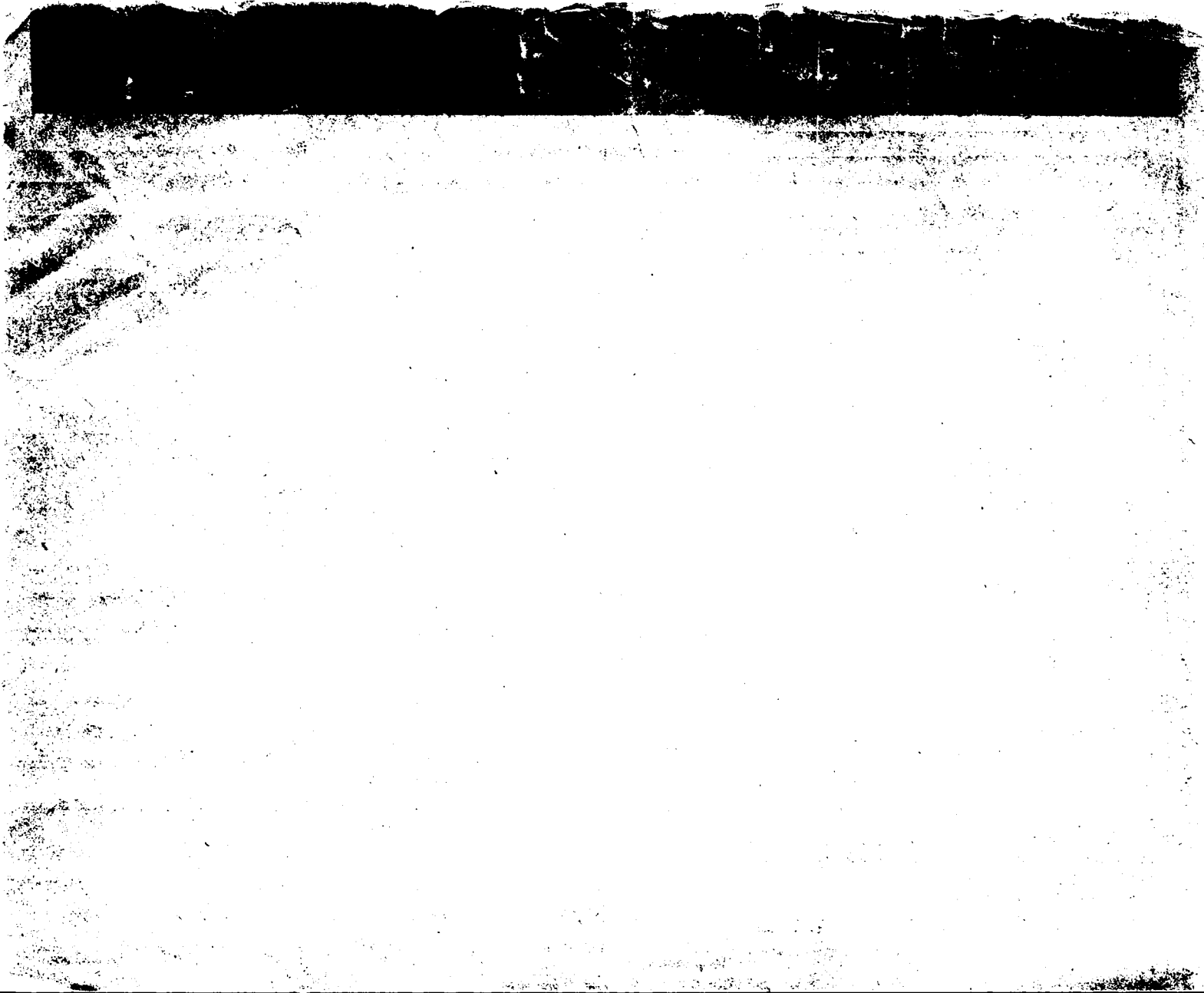
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 4-2

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence No. _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

St. _____

(If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Male

4. Color or Race

White5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mar 2, 1938

7. AGE

Years

Months

Days

If LESS than
1 day hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

MOTHER FATHER

13. NAME Leslie John Bengtson14. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho15. MAIDEN NAME Margaret Harmon16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT
(Address)18. ~~BURIAL~~, CREMATION OR REMOVALPlace Idaho Falls Date 73, 193819. UNDERTAKER
(Address) Idaho Falls20. FILED Mar 11, 1938 Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 108517Local Registrar's No. 43

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193

22 I HEREBY CERTIFY, That I attended deceased from

March 2 1938, to Mar 2, 1938I last saw him alive on 7/2 1938: death is saidto have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature meningeal Gt
5 1/2 mo fetus

Other contributory causes of importance:

Preparation Asthama Feb 1 1938
Pyelitis of Mother

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no(Signed) Idaho Falls M. D.(Address) Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

RECEIVED
APR 14 1938

CERTIFICATE OF BIRTH
264908

S. O. Hospital Registration District No. 3 State File No. S
(If born in hospital or institution give name.) Prim. Registration District No. 21-0 Local Registrar's No. 119

2. FULL NAME OF CHILD Stillbirth

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>None</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>5 mo</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Mar 3</u> , 19 <u>38</u> (Month, Day, Year)
----------------------	--	---------------------------------------	--------------------------	---------------------------	--

9. Full name of FATHER Geo. W. Rasmussen
10. Residence (usual place of abode) Rt 5, Dale Tully, Wyo
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Frederick
(State or Country) Wyo
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work 3/3, 1938
17. Total time (years) spent in this work

OCCUPATION

18. Full maiden name of MOTHER Ethel Robinson
19. Residence (usual place of abode) Rt 5, Dale Tully, Wyo
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 39 (years)
22. Birthplace (city or place) Grant
(State or Country) Wyo
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 5 mo { months or weeks
30. Cause of stillbirth Small cord { Before labor yes 30 days
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

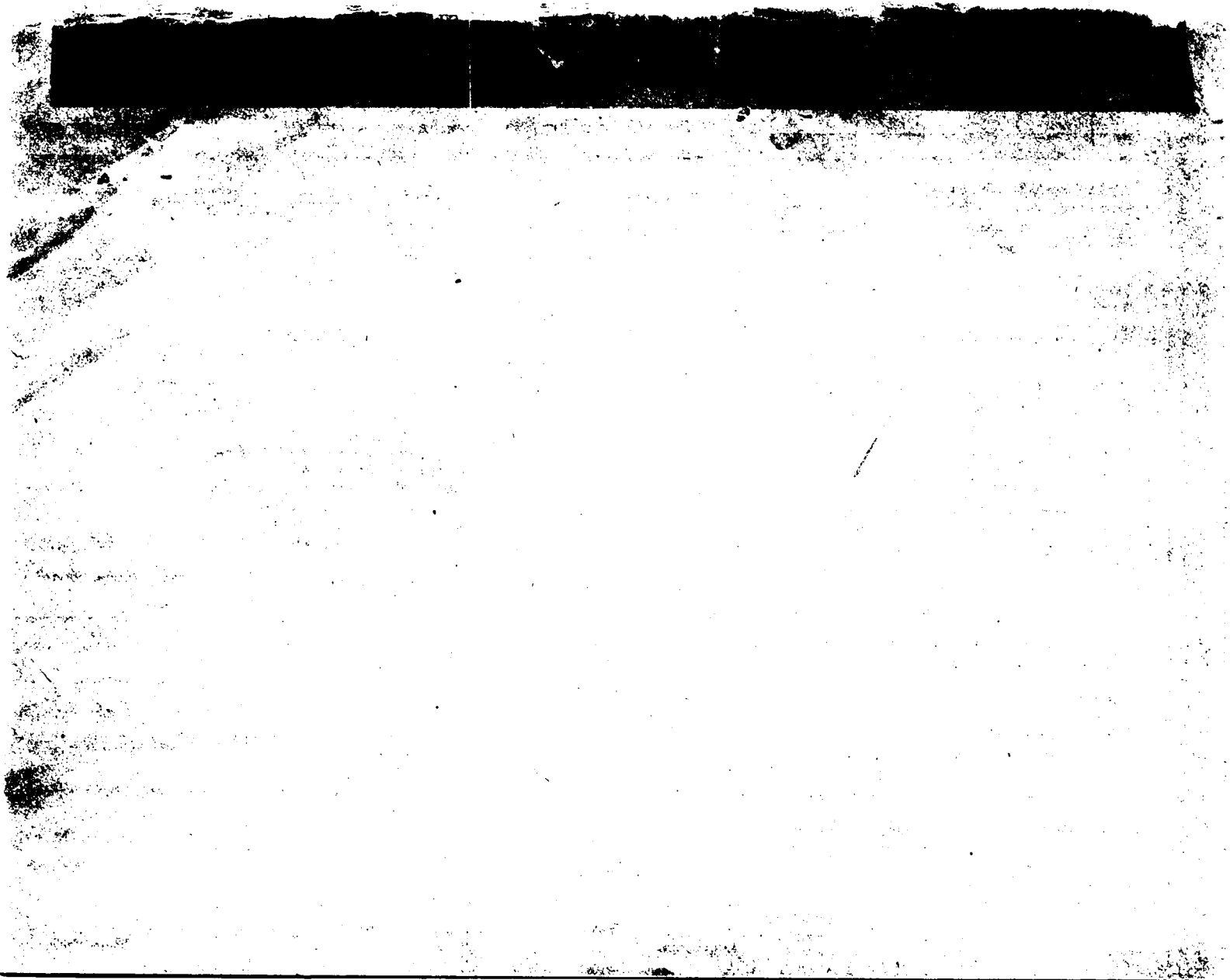
I hereby certify that I attended the birth of this child, who was Stillborn at 3:10 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)

(Signed) [Signature], M. D.
or [Signature], Midwife
Address Dale Tully, Wyo
Filed April 11, 1938 [Signature]
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BannockCity of Idaho Falls

RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 3Primary Registration District No. 2140

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 108518Local Registrar's No. 442. FULL NAME Stillborn

(a) Residence No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Mar. 3, 19387. AGE Years Months Days If LESS than 1 day hrs. min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho13. NAME Miss Wen Rasmussen14. BIRTHPLACE (city or town) Townsend
(State or country) Wyoming15. MAIDEN NAME Evel Robinson16. BIRTHPLACE (city or town) Grant
(State or country) Idaho17. INFORMANT Father
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Idaho Falls Date 3/3, 193819. UNDERTAKER none
(Address)20. FILED Mar 11, 1938 C. J. J. J. J.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1938

22 I HEREBY CERTIFY, That I attended deceased from 3/3 1938 to 3/3 1938I last saw him alive on 3/3 1938: death is said to have occurred on the date stated above, at 3:10 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Knotting umbilical cord

Other contributory causes of importance:

premature nursingName of operation none Date of none
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased?

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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RECEIVED

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S. 264918

Registration District No. 3 State File No. 134

Prim. Registration District No. 215 Local Registrar's No. 134

Stillborn (Name) Alfred

1. PLACE OF BIRTH.
County of Bannock
City of Idaho Falls
No. Memorial Drive St. 20 S Hospital
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth March 24 1938 (Month, Day, Year)

9. Full name FATHER Justus Peter Alfred
10. Residence (usual place of abode) (If non-resident, give place and State) Rte 7, City
11. Color or race White 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Terron, Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented farm
16. Date (month and year) last engaged in this work March, 1938 17. Total time (years) spent in this work 8 yrs

18. Full maiden name MOTHER Isabel Robinson
19. Residence (usual place of abode) (If non-resident, give place and State) Rte 7, City
20. Color or race White 21. Age at last birthday 37 (years)
22. Birthplace (city or place) (State or Country) Cottman, Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work March, 1938 26. Total time (years) spent in this work 17 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) VIII
(a) Born alive and now living. VI (b) Born alive but now dead. 1 (c) Stillborn. 1

29. If stillborn, period of gestation 9 months { months or weeks 30. Cause of stillbirth Delayed Cord { Before labor _____ During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:50 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

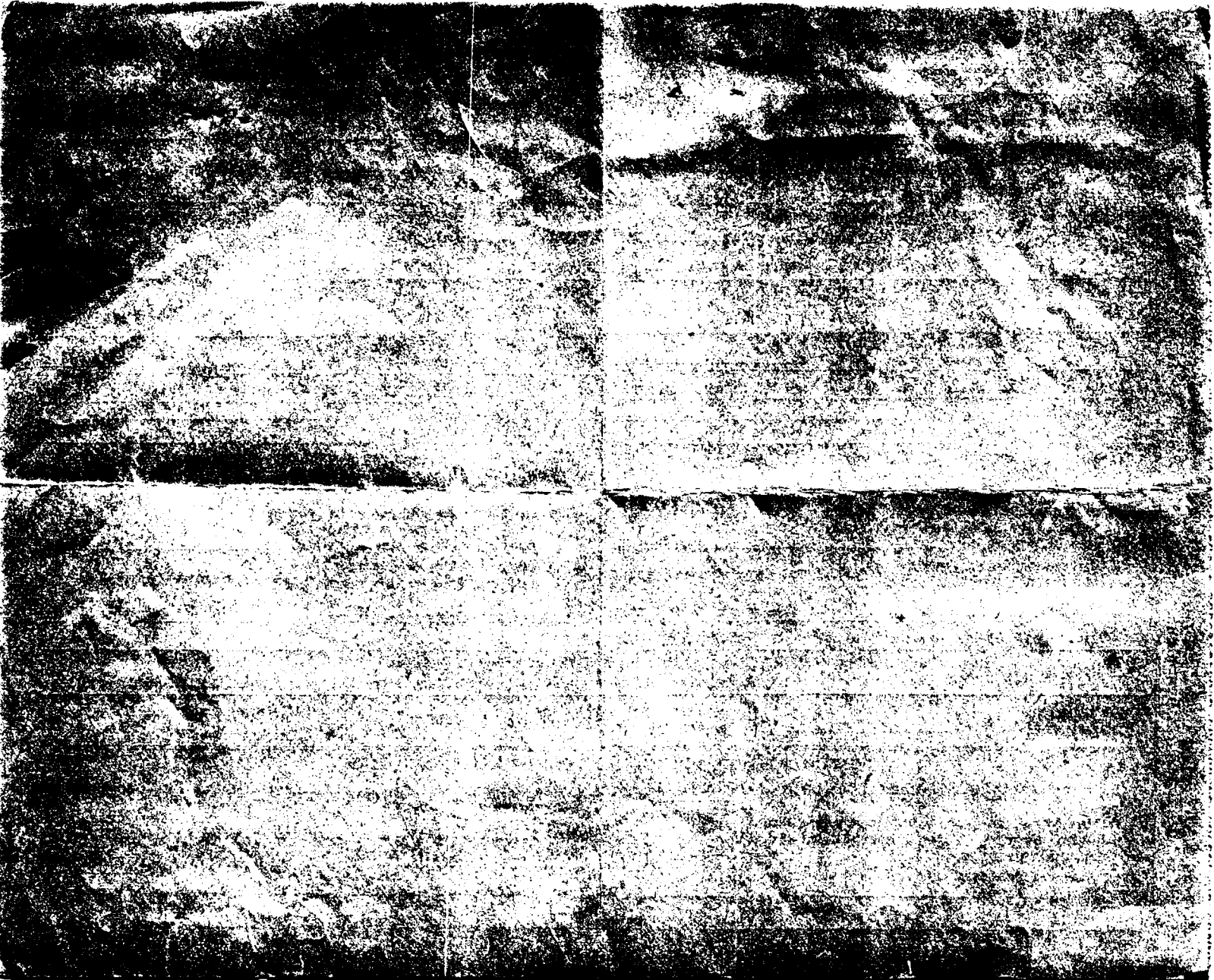
(Signed) _____, M. D.

or _____, Midwife

Address Idaho Falls, Idaho

Filed April 30, 1938 Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Idaho Falls

APR 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 214-0(No. 1st Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dorine Allred (Stillbirth)(a) Residence No. Idaho Falls P#5 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of ☒

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ☒

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ☒

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country)

13. NAME J. P. Allred

14. BIRTHPLACE (city or town) Ferron Utah
(State or country)

15. MAIDEN NAME Isabelle Allred

16. BIRTHPLACE (city or town) Grant Idaho
(State or country)

17. INFORMANT J. P. Allred
(Address) Idaho Falls Idaho R-7

18. BURIAL, CREMATION OR REMOVAL Place Grant Idaho Date March 1938

19. UNDERTAKER A. A. Williams
(Address) Idaho Falls Idaho

20. FILED 3/27, 1938 C. Williams
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 108533Local Registrar's No. 60

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/24 193822 I HEREBY CERTIFY, That I attended deceased from 3/24 1938, to 3/24 1938I last saw him alive on 3/24 1938; death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

Prolapsed Cord
Strangulation

Date of onset 3/24/38

Other contributory causes of importance:

Instrumental (Normal) only
Name of operation Normal Date of operation 3/24/38
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No Specify(Signed) C. Williams, M. D.(Address) Idaho Falls Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 264963
County of	Canyon	Registration District No.	1	State File No.
City of	Caldwell	Prim. Registration District No.	1005	Local Registrar's No. 65
No.	108 Blaine	St.		
(If born in hospital or institution give name.)				
2. FULL NAME OF CHILD Stillborn (Stought)				
3. Sex	m	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <input checked="" type="checkbox"/> Full term
If plural births		7. Legitimate? <input checked="" type="checkbox"/> Yes	8. Date of birth	Mar 11, 1938 (Month, Day, Year)
9. Full name	FATHER Jack Stought	18. Full maiden name	MOTHER Mary Lucille Harris	
10. Residence (usual place of abode)	State State	19. Residence (usual place of abode)	108 Blaine	
(If non-resident, give place and State)	Enterprise	(If non-resident, give place and State)		
11. Color or race	W	12. Age at last birthday	28 (years)	
13. Birthplace (city or place)	Missouri U.S.A.	21. Age at last birthday	20 (years)	
(State or Country)		22. Birthplace (city or place)	Enterprise Ore	
(State or Country)		(State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Auto mechanic	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Packer	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Repair Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Cannery	
16. Date (month and year) last engaged in this work	1938	25. Date (month and year) last engaged in this work	Mar 10, 1938	
17. Total time (years) spent in this work	7	26. Total time (years) spent in this work	2 yr	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child)				
(a) Born alive and now living	0	(b) Born alive but now dead	0	(c) Stillborn
29. If stillborn, period of gestation	7 months or weeks	30. Cause of stillbirth	Before labor	Before

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) Hugh J. McLaughlin, M. D.

or Address Caldwell Idaho

Filed 3-19 1938 S. H. Montgomery

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1Primary Registration District No. 1055

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

108556

State File No.

APR 14 1938

Local Registrar's No. 901

2. FULL NAME

(a) Residence. No. 108 Blaine St. (If nonresident give city or town and state)Length of residence in city or town where death occurred. 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>—</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>		
6. DATE OF BIRTH (month, day, and year) <u>March 11, 1938</u>		
7. AGE	Years <u>0</u>	Months <u>0</u>
	Days <u>0</u>	If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>	
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>	
	10. Date deceased last worked at this occupation (mo. and yr.) <u>—</u>	
	11. Total time (years) spent in this occupation <u>—</u>	

12. BIRTHPLACE (city or town) Caldwell
(State or country)13. NAME Jack Staught14. BIRTHPLACE (city or town) Mo
(State or country)15. MAIDEN NAME Mary L. Harris16. BIRTHPLACE (city or town) Enterprise
(State or country)17. INFORMANT Mary L. Staught
(Address) Caldwell, Ida

18. BURIAL, CREMATION OR REMOVAL

Place Caldwell Date Mar. 11, 193819. UNDERTAKER none
(Address)20. FILED 4-13, 1938 H. J. McLaughlin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1938, to Mar. 11, 1938.
never in live 100 death is said to have occurred on the date stated above, at — m.
The principal cause of death and related causes of importance were as follows:

Stillborn-macerated syphilis.

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Blood test of mother Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 1938.
Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —Manner of injury —Nature of injury —24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Hugh J. McLaughlin M. D.
(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

APR 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 265235

1. PLACE OF BIRTH
County of Teton
City of Coeur d'Alene
No. 811 A St. St.
Lyford Maternity Home
(If born in hospital or institution give name.)

Registration District No. 30 State File No. _____
Prim. Registration District No. 1050 Local Registrar's No. 89

2. FULL NAME OF CHILD James Wesley Snyder - Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other single 5. Number, in order of birth 1st 6. Premature _____ 7. Legitimate? yes 8. Date of birth March 17, 1938 (Month, Day, Year)

9. Full name FATHER Frank W. Snyder 18. Full maiden name MOTHER Florence Browning
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene, Ida. 19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene, Ida.
11. Color or race W 12. Age at last birthday 21 (years) 20. Color or race W 21. Age at last birthday 18 (years)
13. Birthplace (city or place) (State or Country) Medford, Idaho 22. Birthplace (city or place) (State or Country) Pocatello, Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Merc. Solution
28. Number of children of this mother (At time of this birth and including this child) None One (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation Nine months { months or weeks 30. Cause of Stillbirth Before { Before labor X During labor _____

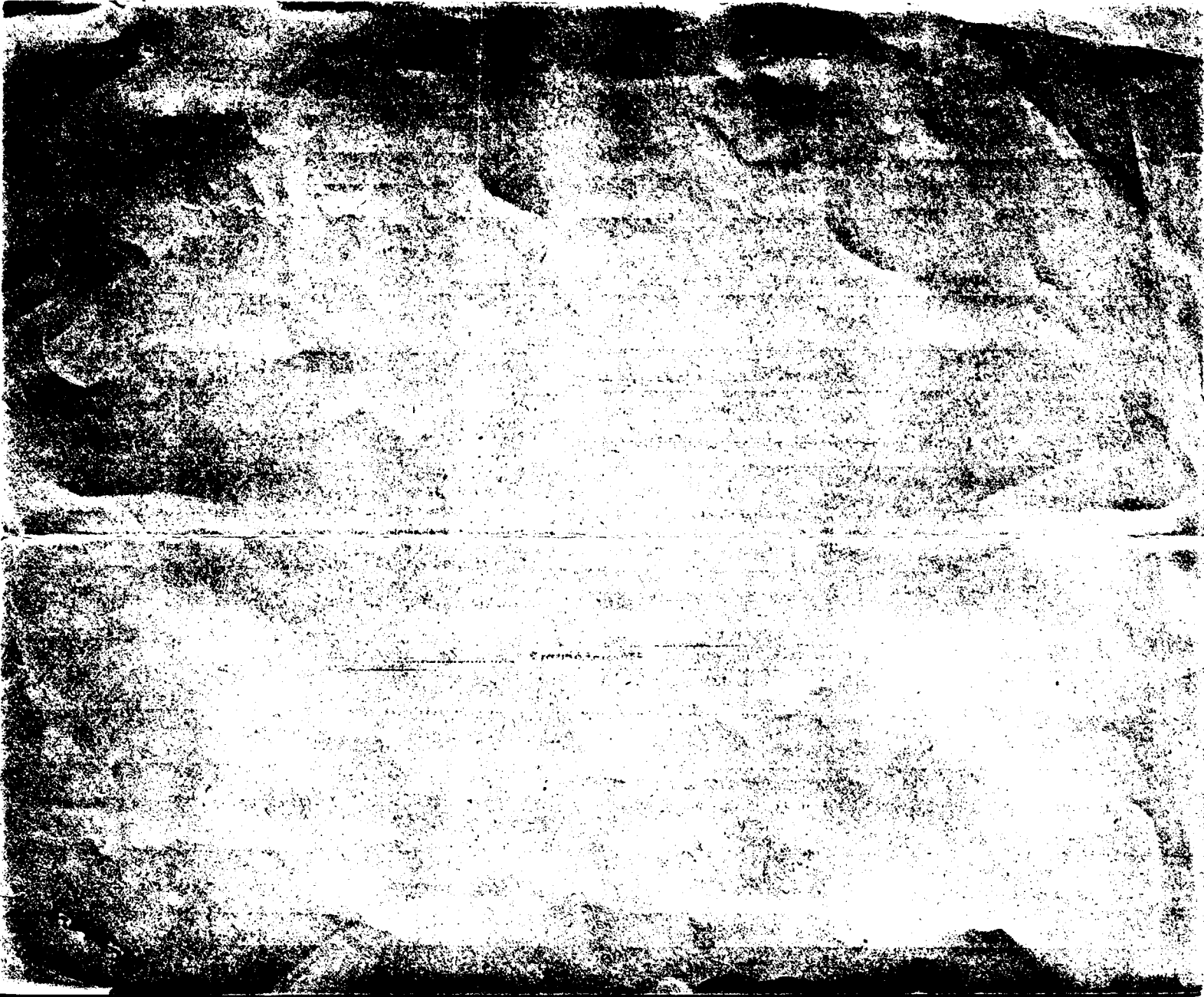
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:40 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) F. T. Hanning F. T. Hanning, M. D.
or _____, Midwife
Address Coeur d'Alene, Idaho
Filed April 1, 1938 F. T. Hanning Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	<i>Kootenai</i>	Registration District No.		38		State File No.		108649	
City of	<i>Coeur d'Alene</i>	Primary Registration District No.		6851		Local Registrar's No.		48	
RECEIVED		APR 9 1938		(No. <i>Aylward Maternity Home</i>)		(If death occurred in a hospital or institution give its name instead of street and number)			
2. FULL NAME		<i>James Wesley Snyder</i>							
(a) Residence No.				St.					
(Usual place of abode)				(If nonresident give city or town and state)					
Length of residence in city or town where death occurred.		yrs. mos. ds.		How long in U. S., if of foreign birth?		yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.									
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)							
<i>M.</i>	<i>W.</i>	<i>single</i>							
5a. If married, widowed, or divorced									
HUSBAND of (or) WIFE of									
6. DATE OF BIRTH (month, day, and year) <i>3-17-1935</i>									
7. AGE	Years	Months	Days	If LESS than 1 day <i>2</i> hrs. or <i>0</i> min.					
	<i>0</i>	<i>0</i>	<i>0</i>						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.									
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.									
10. Date deceased last worked at this occupation (mo. and yr.)									
11. Total time (years) spent in this occupation									
12. BIRTHPLACE (city or town) <i>Coeur d'Alene</i> (State or country) <i>Idaho</i>									
13. NAME <i>Frank Snyder</i>									
14. BIRTHPLACE (city or town) <i>Medford</i> (State or country) <i>Idaho</i>									
15. MAIDEN NAME <i>Florence Brouning</i>									
16. BIRTHPLACE (city or town) <i>Patterson</i> (State or country) <i>Idaho</i>									
17. INFORMANT <i>Frank Snyder</i> (Address) <i>Rose Lake</i>									
18. BURIAL, CREMATION OR REMOVAL Place <i>Coeur d'Alene</i> Date <i>3-19</i> , 193 <i>5</i>									
19. UNDERTAKER <i>Carsted Funeral Home</i> (Address) <i>Coeur d'Alene</i>									
20. FILED <i>3-19</i> , 193 <i>5</i> <i>F. T. Registrar.</i>									
MEDICAL CERTIFICATE OF DEATH									
21. DATE OF DEATH (month, day and year) <i>3-17-1935</i>									
22. I HEREBY CERTIFY, That I attended deceased from <i>Stillborn</i> , 193 <i>5</i> , to <i>1935</i> .									
I last saw h. <i>"</i> alive on <i>1935</i> : death is said to have occurred on the date stated above, at <i>11</i> a. m.									
The principal cause of death and related causes of importance were as follows:									
<i>mother had fall several days before birth of baby</i>									
<i>Had been dead 3 or 4 days before birth</i>									
Other contributory causes of importance:									
Name of operation <i>None</i> Date of <i>1935</i>									
What test confirmed diagnosis <i>Stillborn</i> Was there an autopsy?									
23. If death was due to exter'l causes (violence) fill in also the following:									
Accident, suicide, or homicide? <i>1935</i> Date of injury <i>1935</i>									
Where did injury occur? <i>1935</i> (Specify city or town, county, and state)									
Specify whether injury occurred in industry, in home, or in public place.									
Manner of injury									
Nature of injury									
24. Was disease or injury in any way related to occupation of deceased? <i>No</i> If so, specify <i>1935</i>									
(Signed) <i>P. H. Hanning</i> , M. D.									
(Address) <i>Coeur d'Alene</i>									

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	Date of onset
	1921
Cerebral hemorrhage	Date of onset
	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	Date of onset
	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	Date of onset
	1 week ago
Peritonitis	Date of onset
	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Madison</u> City of <u>Reynolds Sugar City</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 265299	
(If born in hospital or institution give name.)		Registration District No. <u>100</u>	State File No. _____
2. FULL NAME OF CHILD _____		Prim. Registration District No. <u>2178</u>	Local Registrar's No. <u>42</u>
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth <u>2</u>	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>March 11, 1908</u> (Month, Day, Year)			
9. Full name <u>Ben B. Smith</u>	FATHER	18. Full maiden name <u>Myra Agnes Simmons</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Reynolds</u>	
11. Color or race <u>W</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>21</u> (years)
13. Birthplace (city or place) (State or Country) <u>Richmond, Ind.</u>		22. Birthplace (city or place) (State or Country) <u>Simons, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wage earner</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>2</u> (At time of this birth and including this child)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>—</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>6 1/2 mos.</u>	{ months or weeks	30. Cause of stillbirth <u>Premature birth</u>	Before labor <u>yes</u> During labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>W. H. Kirtland</u>	M. D.
Give name added from a supplemental report _____		or _____	Midwife
(Date of) _____		Address <u>Reynolds, Idaho</u>	
Registrar.		Filed <u>4-8-1908</u> <u>Mrs. Heyning</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison STATE OF IDAHO
City of Bugan City DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE

State File No.

108671

Local Registrar's No. 10

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Smith

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Infant
5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) 3-13-38
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Richburg
(State or country) Idaho13. NAME Ben B. Smith14. BIRTHPLACE (city or town) Richmond
(State or country) Utah15. MAIDEN NAME Nazel Simmons16. BIRTHPLACE (city or town) Lynsaw
(State or country) Idaho17. INFORMANT Ben B. Smith
(Address) Bugan City, Ida18. BURIAL, CREMATION OR REMOVAL
Place Bugan City Date 3-14-193819. UNDERTAKER none
(Address) _____20. FILED 4-4, 1938 Mrs. Keppner
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-13-193822 I HEREBY CERTIFY, That I attended deceased from 3-12-1938 to 3-13-1938I last saw him Feb 0 1938. death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still born
prolapse of cord
during labor.

Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) M. D.(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. 111-E-2nd North St.

APR 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 265300

Registration District No. 100 State File No. 265300

(If born in hospital or institution give name.)

Prim. Registration District No. 2128 Local Registrar's No. 43

2. FULL NAME OF CHILD

Stillborn Birch

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature ☒ Full term _____ 7. Legitimate? Yes 8. Date of birth 4-2-1938 (Month, Day, Year)

9. Full name Maurice Richard Birch FATHER

18. Full maiden name Ella Clara Jacobson MOTHER

10. Residence (usual place of abode) St Anthony Ida
(If non-resident, give place and State)

19. Residence (usual place of abode) St Anthony Ida
(If non-resident, give place and State)

11. Color or White 12. Age at last birthday 25 (years)

20. Color or race White 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Idaho
(State or Country)

22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Truck Driver

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 4-2-1938 17. Total time (years) spent in this work 5 yrs

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 9 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 4 months or weeks 30. Cause of Stillbirth Unknown { Before labor ☒ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 7:40 P at 7:40 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Lorin S. Rich, M. D.

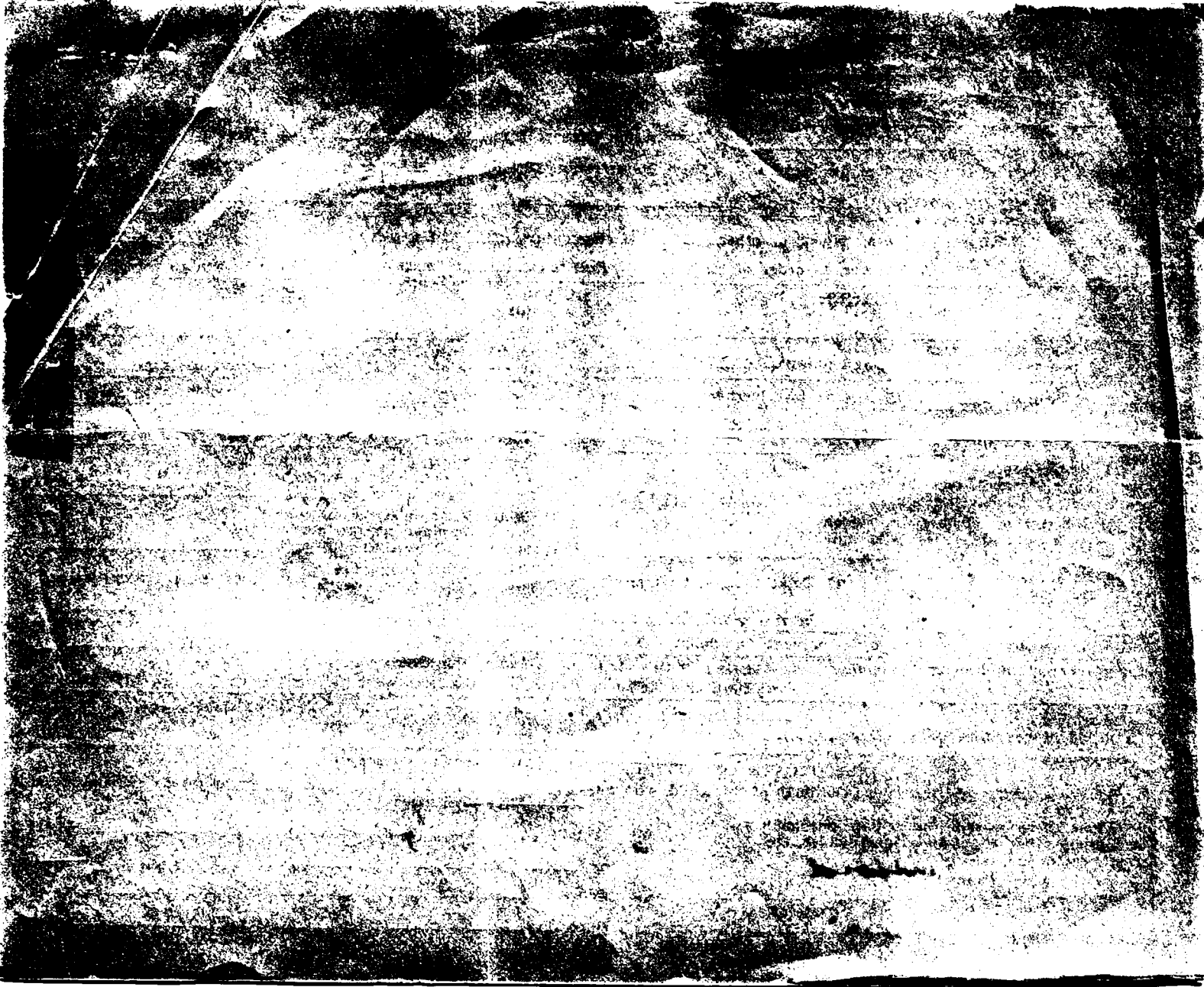
or _____, Midwife

Address Rexburg Idaho

Filed 4-8-1938 Mrs J. E. Young

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County Rebburg
City of Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2178

DO NOT WRITE IN THIS SPACE
State File No. 108675

Local Registrar's No. 15

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Steelborn Birch

(a) Residence No. St Anthony Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Steelborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rebburg Idaho
(State or country) Idaho

13. NAME Maurice Richard Birch

14. BIRTHPLACE (city or town) St Anthony Idaho
(State or country)

15. MAIDEN NAME Ella Clara Jacobsen

16. BIRTHPLACE (city or town) St Anthony Idaho
(State or country)

17. INFORMANT Maurice R Birch
(Address) St Anthony Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St Anthony Date 4-3, 1938

19. UNDERTAKEN none
(Address)

20. FILED 4-4-1938 Mortenson
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-2-1938

22 I HEREBY CERTIFY, That I attended deceased from 4-2-1938, to 4-2-1938

I last saw h. m. Steelborn: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Steelborn

Temperature over 104 of mother, prior to birth of Steelborn

Other contributory causes of importance:

Multiple thrombi of Placenta

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Lara J. Rich M. D.

(Address) Rebburg Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

256 113 035 366

1. PLACE OF BIRTH
County of Wayne
City of Lewiston

No. St Joseph Hospital
(If born in hospital or institution give name.)

APR 10 1938

STATE OF MAINE
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265344

Registration District No. 1009 State File No. _____

Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Unnamed Male Child Wilbur Lee Knoll

3. <u>Male</u>	4. Twin, triplet, or other <u>Triplet</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legitimate <u>Yes</u> Maiden <u>No</u>	8. Date of birth <u>3-13-1938</u> (Month, Day, Year)
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9. Full name FATHER Chauncey Raymond Knoll

18. Full maiden name MOTHER Georgia Lucille Townsend

10. Residence (usual place of abode) 924 15th Ave
(If non-resident, give place and State) Maine

19. Residence (usual place of abode) 924 15th Ave
(If non-resident, give place and State) Maine

11. Color or race W 12. Age at last birthday 38 (years)

20. Color or race W 21. Age at last birthday 36 (years)

13. Birthplace (city or place) Jordan
(State or country) Maine

22. Birthplace (city or place) Lewiston
(State or country) Maine

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Patent mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Nov 1937

25. Date (month and year) last engaged in this work Nov 1937

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 5

29. If stillborn, period of gestation 4 1/2 months or weeks 30. Cause of stillbirth Impregnation
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 845 A m. on the date above stated.
(Name, Address or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. S. Jengles, M. D.

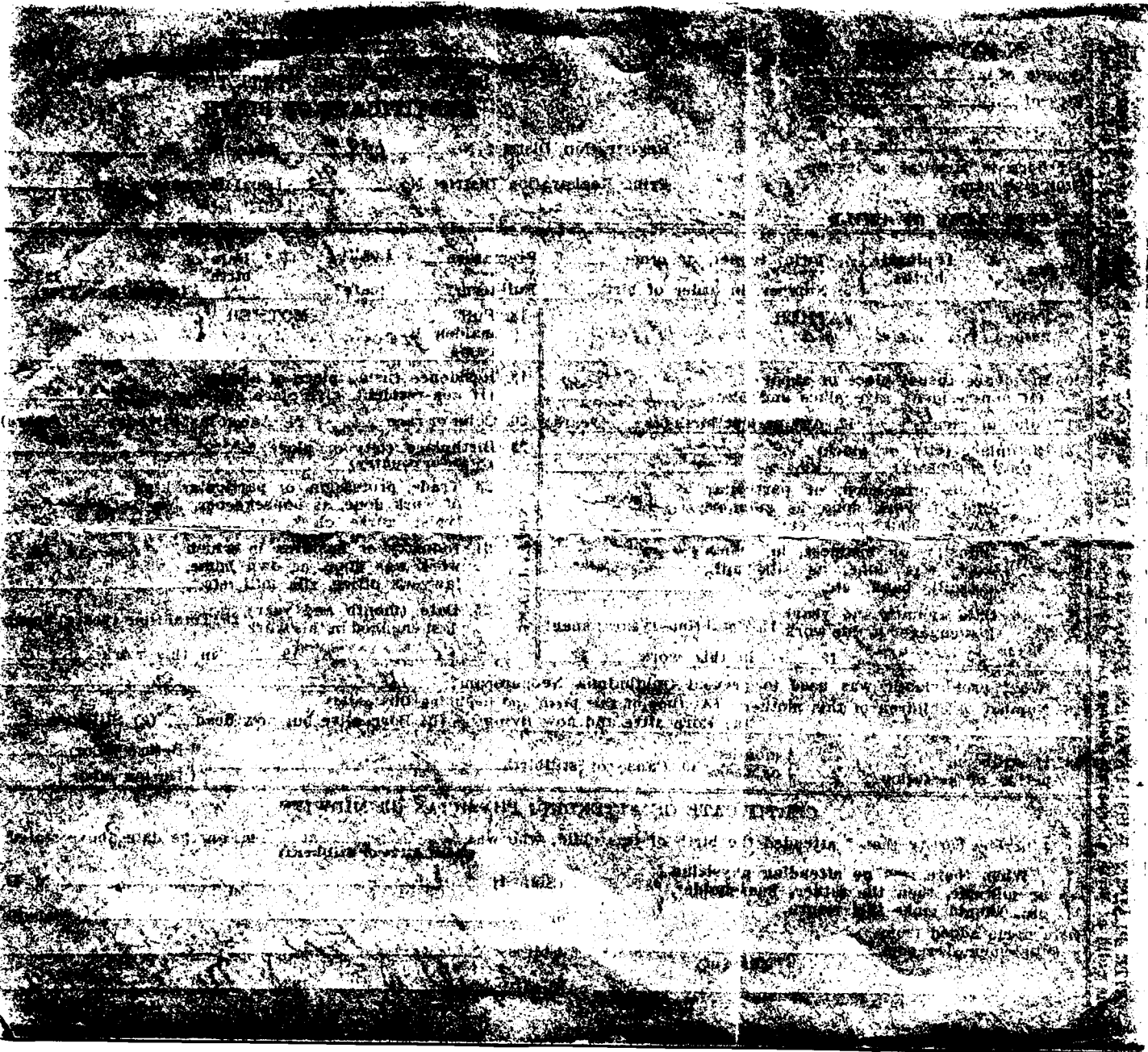
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Lewiston
Filed April 11, 1938 M. H. Caskey

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce.City of Lewiston.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 96(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Knoll.(a) Residence. No. 328 924 15th. Avenue.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year)
March 13th, 1938.

7. AGE Years Months Days If LESS than
1 day hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.13. NAME C. R. Knoll.14. BIRTHPLACE (city or town) (State or country) Gordon, Minn.15. MAIDEN NAME Georgia Thompson,16. BIRTHPLACE (city or town) (State or country) Lewiston, Idaho.17. INFORMANT C. R. Knoll.
(Address) Lewiston, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date 3/14/38. 193.19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.20. FILED Apr 1, 1938

Registrar

DO NOT WRITE IN THIS SPACE

State File No. 108697Local Registrar's No. 51

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/13/38 1938

22. I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw him alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance

were as follows: 1/2 hr gestation Date of onset

Still born - dead several days at birth - Cord around neck

Other contributory causes of importance:

Influenza in mother 3-1-38

Name of operation home Date of 3-1-38What test confirmed diagnosis? Stomach Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury home

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) W. S. Douglas, M. D.(Address) Lewiston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Mag. Pence
City of Lewiston
No. St. Joseph's Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
265358

APR 11 1938

Registration District No. 1009 State File No. 265358
Prim. Registration District No. 96 Local Registrar's No. Stillborn

2. FULL NAME OF CHILD

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Mar. 19, 1938
5. Number, in order of birth _____ Full term ✓ (Month, Day, Year)

9. Full name FATHER Walter T. Stewart
10. Residence (usual place of abode) Lapwai, Ida.
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 39 (years)
13. Birthplace (city or place) Tulsa, Oklahoma
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

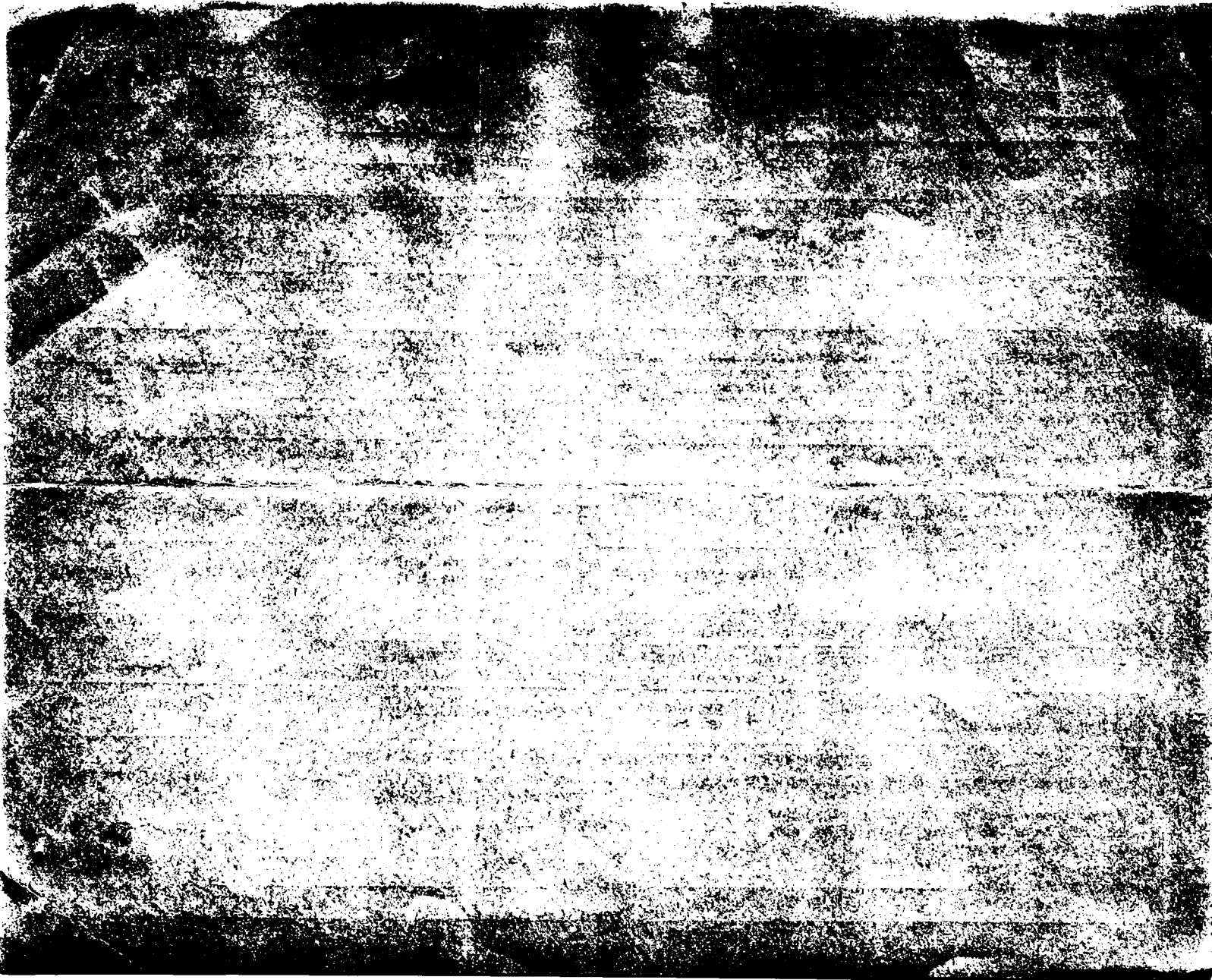
18. Full maiden name MOTHER Ruby V. Albright
19. Residence (usual place of abode) Lapwai, Ida.
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Allamore, Nebraska
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:40 P. M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. J. M. Lyle, M. D.
or _____, Midwife
Address Lewiston, Idaho
Filed April 8, 1938 M. H. Carkey
Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez Perce
City of Lewiston

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 96(No. St Joseph's Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. Daughter W.T. Stewart(a) Residence No. Lapwai, Idaho

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/19/38

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME W.T. Stewart

14. BIRTHPLACE (city or town) Oklahoma
(State or country)

15. MAIDEN NAME Ruby Albright

16. BIRTHPLACE (city or town) Nebraska
(State or country)

17. INFORMANT W.T. Stewart
(Address) Lapwai, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date 3/20/38, 1938

19. UNDERTAKER Vassar-Rawls Co
(Address) Lewiston, Idaho.

20. FILE March 21, 1938 M.W. Caley
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 108700Local Registrar's No. 337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/19/38

22 I HEREBY CERTIFY, That I attended deceased from
3-19, 1938, to 3-19, 1938

I last saw him alive on 3-19, 1938; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

still born

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH				STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
County of <u>Shoshone</u>				CERTIFICATE OF BIRTH S 265429			
City of <u>Wallace</u>				Registration District No. <u>70</u> State File No. _____			
No. <u>Canyon Ave</u> St. <u>APK 7 1938</u>				Prim. Registration District No. <u>1011</u> Local Registrar's No. <u>39</u>			
(If born in hospital or institution give name) <u>Providence Hospital</u>							
2. FULL NAME OF CHILD <u>Baby Girl Shigler</u> (<u>Bernie Lee</u>) <u>Stillborn</u>							
3. Sex <u>F</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>March 9, 1938</u> (Month, Day, Year)	
9. Full name <u>Guy David Shigler</u> FATHER				18. Full maiden name <u>Myrtle Hoyt</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>			
11. Color or race <u>W</u>		12. Age at last birthday <u>36</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Eagle Idaho</u>				22. Birthplace (city or place) (State or Country) <u>Spokane Wash</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Bus Driver</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hwy</u>		
	16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____		
				26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>Yes</u>							
29. If stillborn, period of gestation _____ { months or weeks				30. Cause of stillbirth _____ { Before labor During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 P.m. on the date above stated.

(Born Alive or Stillborn)

(Signed) E. J. Snel, M. D.

or _____, Midwife

Address Wallace Idaho

Filed Mar 15, 1938 John Burr

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Prosser</u>		CERTIFICATE OF DEATH Registration District No. <u>70</u> Primary Registration District No. <u>1011</u> (No. <u>Prosser Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number)		State File No. <u>108734</u>	
City of <u>Wallace</u>				Local Registrar's No. <u>31</u>	
2. FULL NAME <u>Baby Lail Thigler Dixie La</u> (a) Residence No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
1. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the reason) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Mar 9 - 1938</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (city or town) (State or country) <u>Wallace Ida.</u>				
MOTHER FATHER	13. NAME <u>Gay Thigler</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Engle Ida.</u>				
	15. MAIDEN NAME <u>Myrtle Hoyt</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Ire.</u>				
17. INFORMANT <u>Gay Thigler</u> (Address) <u>Wallace Ida.</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Wallace Ida.</u> Date <u>Mar 11, 1938</u>					
19. UNDERTAKER <u>J. A. Bower</u> (Address) <u>Wallace Ida.</u>					
20. FILED <u>Mar 30, 1938</u> <u>John Bower</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Mar 9 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 9</u> , 193 <u>8</u> , to <u>Mar 9</u> , 193 <u>8</u>					
I last saw h. _____ alive on _____ 193 <u>8</u> : death is said to have occurred on the date stated above, at <u>6:30 P. M.</u>					
The principal cause of death and related causes of importance were as follows:					
					Date of onset <u>Mar 9 1938</u>
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to exte'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____ 193 <u>8</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>E. L. Bower</u> M. D.					
(Address) <u>Wallace, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name)

2. FULL NAME OF CHILD
William F. Howard

3. Sex
male

If plural births { 4. Twin, triplet, or other Twins
5. Number, in order of birth 1

6. Premature Prem Legitimate? yes

7. Date of birth 4-18, 1938
(Month, Day, Year)

9. Full name
T. C. Batts

10. Residence (usual place of abode)
(If non-resident, give place and State) Calvert, Texas

11. Color or race Black | 12. Age at last birthday (25 yrs)

13. Birthplace (city or place)
(State or Country) Calvert, Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work 10 yr.

18. Full maiden name
Erline Hill

19. Residence (usual place of abode)
(If non-resident, give place and State) 438 East Fremont

20. Color or race black | 21. Age at last birthday 20 (years)

22. Birthplace (city or place)
(State or Country) Calvert, Texas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Mother's Home
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work 2 mo.

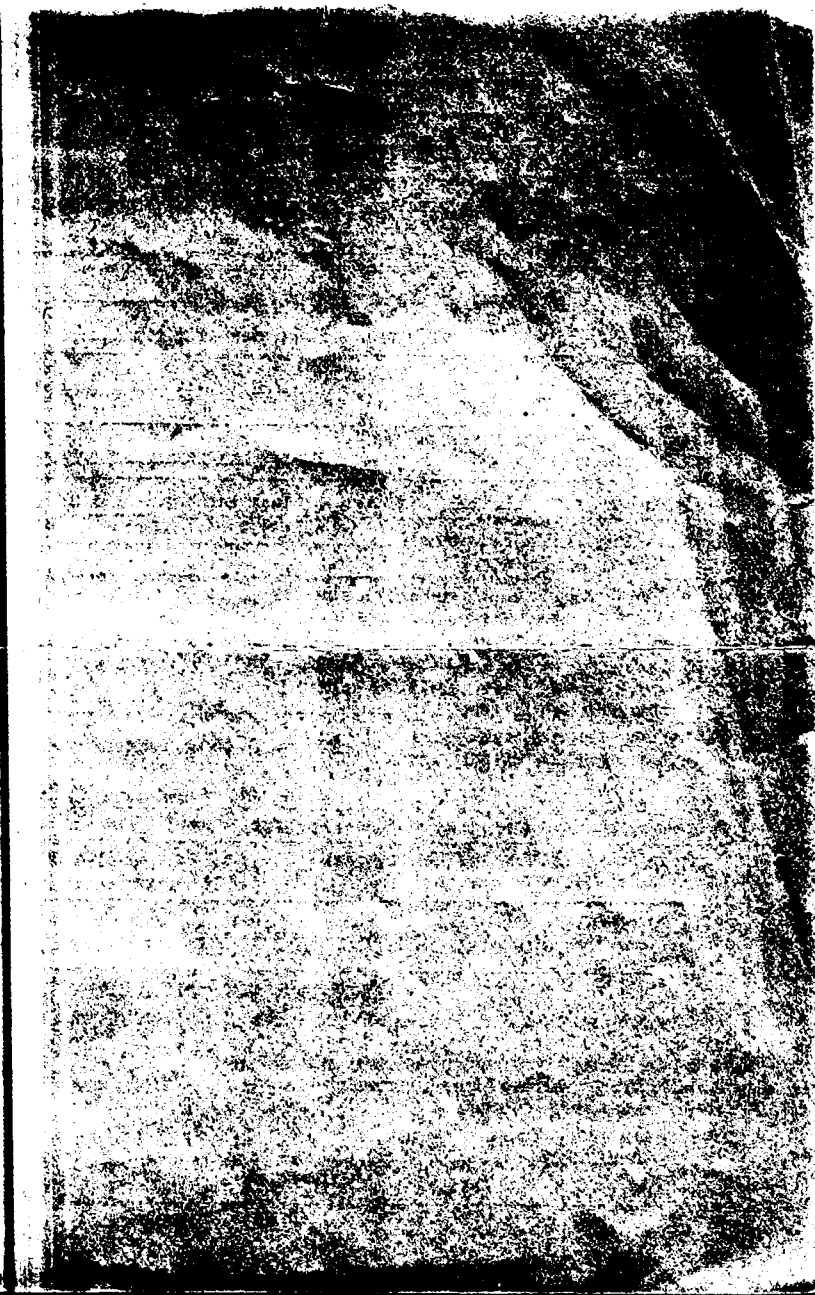
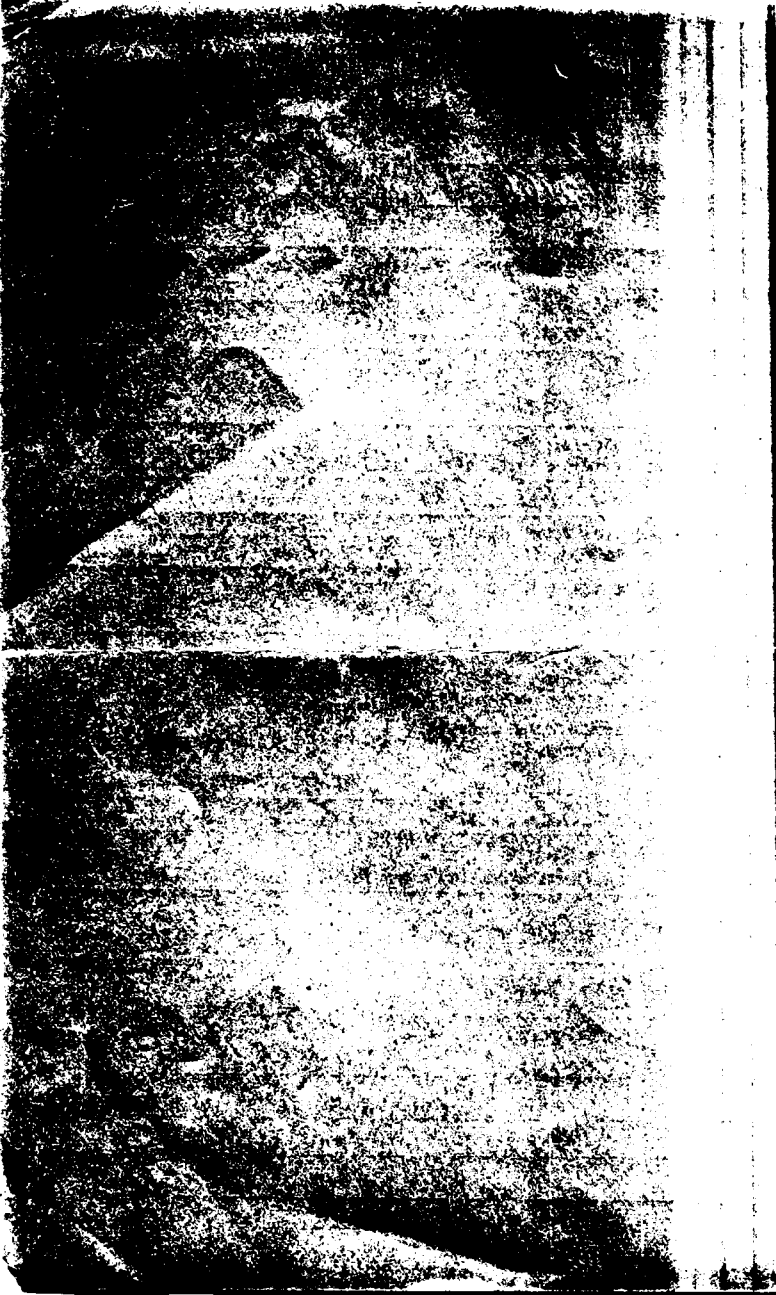
27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
three
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months or weeks
30. Cause of Stillbirth { Before labor Premature
During labor Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Still born at 12:30m. on the date above stated.
(Born Alive or Stillborn)
(Signed) William F. Howard, M. D.
or Pocatello Idaho Midwife
Address Pocatello Idaho
Filed Apr 30, 1938 L. Ray
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BureauCity of PocatelloSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28Primary Registration District No. 2161(No. Pocatello General Hospital)

If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 1312. FULL NAME Still born Batts(a) Residence No. Calvert Texas

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. Color or Race <u>colored</u>	5. Single, Married, Widowed or Divorced (write the word) <u>—</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>		
6. DATE OF BIRTH (month, day, and year) <u>April 18-1938</u>		
7. AGE Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
		If LESS than 1 day hrs or min
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>		
10. Date deceased last worked at this occupation (mo. and yr.) <u>—</u>		11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (city or town) Pocatello Idaho
(State or country)13. NAME J. C. Batts14. BIRTHPLACE (city or town) Calvert Texas
(State or country)15. MAIDEN NAME Erline Hill16. BIRTHPLACE (city or town) Calvert Texas
(State or country)17. INFORMANT Erline Hill Batts
(Address) 429 E. Fremont St18. BURIAL, CREMATION OR REMOVAL
Place Pocatello Idaho Date 4-18, 193819. UNDERTAKER none
(Address)20. FILED 6-23, 1938 D. C. Ray
Registrar

DO NOT WRITE IN THIS SPACE

109653

State File No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 18 193822. I HEREBY CERTIFY, That I attended deceased from April 18, 1938, to April 18, 1938.I last saw him alive on April 18, 1938; death is said to have occurred on the date stated above, at Still born.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ✓ Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 193...Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased No If so, specify(Signed) William J. Howard M. D.(Address) Pocatello Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthful or over. If the de-
ious pursuits can be known. Make some entry in this section for every person aged 10 years or over. If employed may be re-
from business, report the occupation prior to retirement. Children not gainfully employed may be returned as housewife in an-
For a woman whose only occupation was that of home housework, write housewife in answer to Question 8. ce for wages, how-
to Question 9. For a person engaged in domestic service for wages, however, designate the occupation byr a person who has
as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," e
ular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," et
kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil eng
neer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement
be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist; engineer, mechanical
fully between retail merchants and wholesale merchants. A person who sells goods should be called a salestement of the occup-
ation which causes

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which
mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury uld be called a sales-
lated causes, name earlier morbid conditions, if any, related to the principal cause and any important com
pal cause. Under other contributory causes of importance, name other important diseases or injuries. Exam
ation which causes

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related
causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** a
causes of importance were as follows:

Attack of epilepsy	
Run over by street car	Hi and follows:
Peritonitis	Date of onset
	1 week ago
	1 week ago
	3 days ago
Other CONTRIBUTORY CAUSES of in	
Gastroenteritis	
import-	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 year

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

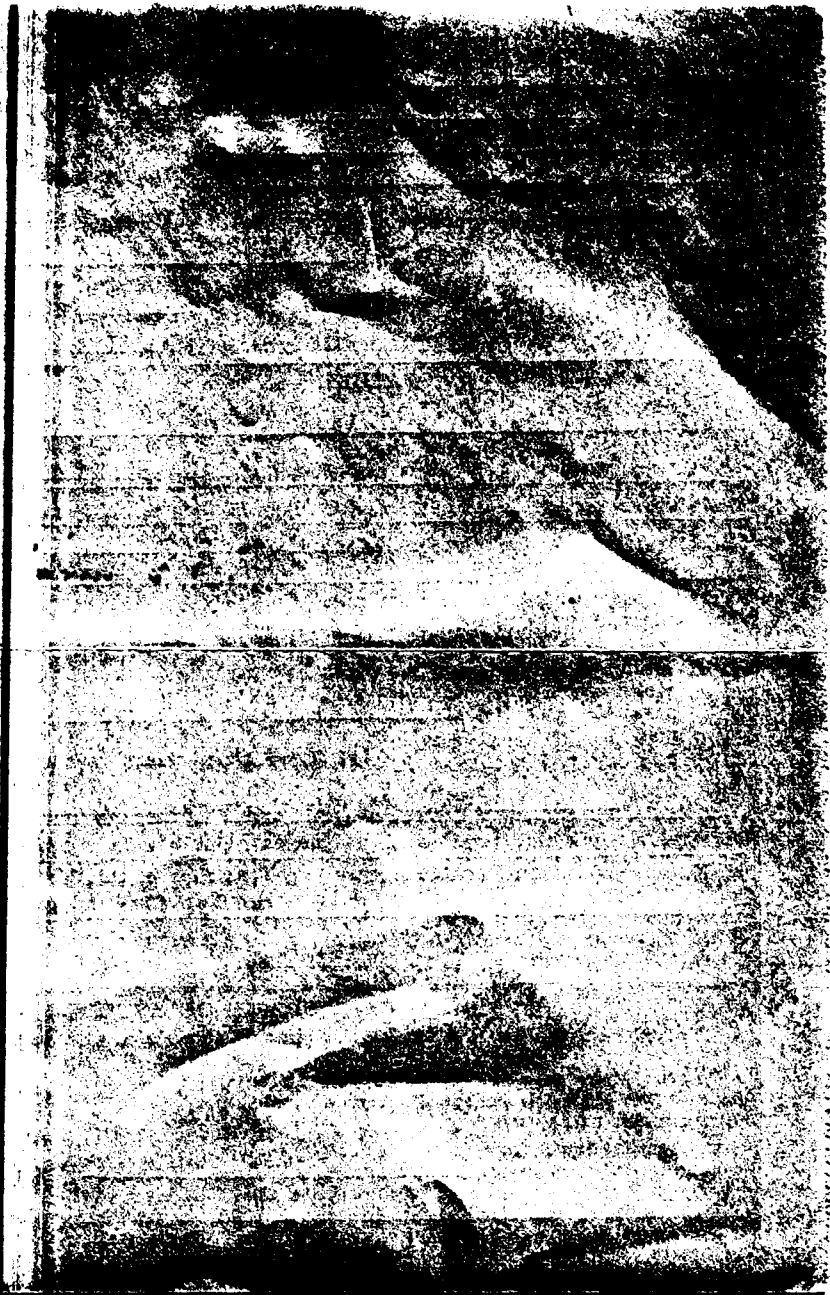
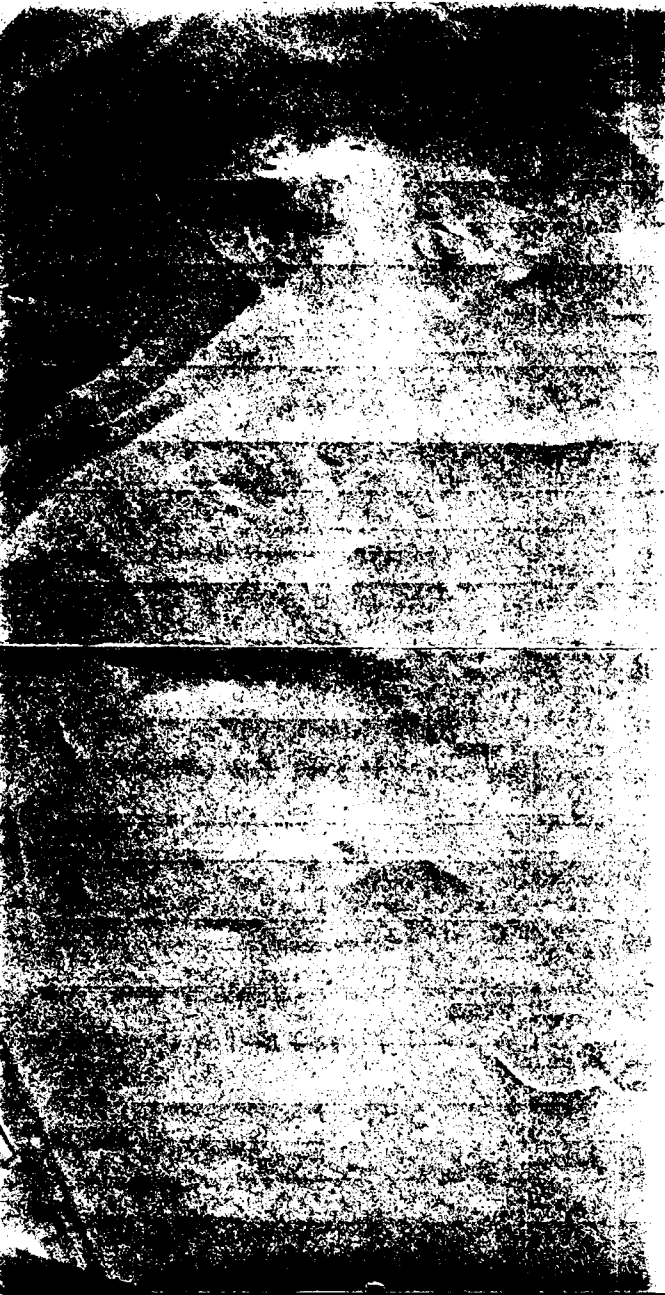
1. PLACE OF BIRTH County of <u>Benedict</u> City of <u>St. Maries</u> No. _____ St. <u>Idaho</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 265724 Registration District No. <u>32</u> State File No. _____ M. Reg. Registration District No. <u>2049</u> Local Registrar's No. <u>28</u>	
2. FULL NAME OF CHILD <u>Charles Floyd Hatt Jr. - Stillborn</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. <u>X</u>	6. Premature <u>X</u>
		5. Number, in order of birth <u>X</u>	7. Legitimate? <u>Yes</u>
		8. Date of birth <u>3-26</u> 193 <u>8</u> (Month, Day, Year)	
9. Full name <u>Charles Floyd Hatt</u> FATHER		18. Full maiden name <u>Bernice Louise Stanley</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Harley Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Harley Ida</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>25</u> (years)		21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Clinton Ill.</u>		22. Birthplace (city or place) (State or Country) <u>Burlington Wash</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
15. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>10</u>		25. Date (month and year) last engaged in this work
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work <u>1 yr.</u>		26. Total time (years) spent in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>280 days</u> { months _____ or weeks _____			
30. Cause of stillbirth <u>premature on C.S.</u> { Before labor _____ During labor <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 9 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) D. D. Pestle _____, M. D.
or _____, Midwife
Address St Maries, Ida
Filed May 7 1938 Walter Robey
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Benewah
City of St. Maries

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108873

Registration District No. 32
Primary Registration District No. 2049

Local Registrar's No. 18(No. Platt Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Floyd Watt, Jr.

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 26, 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) St. Maries
(State or country) Idaho

13. NAME Charles F. Watt

14. BIRTHPLACE (city or town) Clinton
(State or country) Ill

15. MAIDEN NAME Bernice L. Stanley

16. BIRTHPLACE (city or town) Burlington
(State or country) Wash.

17. INFORMANT Charles F. Watt
(Address) St. Maries, Idaho

18. BURIAL, CREMATION OR REMOVAL St. Maries
Place Woodlawn Date 5/27, 1938

19. UNDERTAKER Mitchell & Wessa
(Address) St. Maries, Idaho

20. FILED May 9, 1938 Walter Robert
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) March 26, 1938 1938

22 I HEREBY CERTIFY, That I attended deceased from March 26, 1938, to 3-26, 1938

I last saw him alive on _____ 1938 death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) D. O. S. Platt, M. D.(Address) St. Maries, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Springfield
No. _____ St. _____

2. FULL NAME OF CHILD Stillborn/Lehman

3. Sex Male
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature Yes
Full term _____

7. Legiti-
mate? Yes

8. Date of birth April 6, 1938
(Month, Day, Year)

9. Full name FATHER
Johnnie William Lehman

10. Residence (usual place of abode) Springfield, Idaho
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Altomont, Mo.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common

16. Date (month and year) last engaged in this work Now, 1938

17. Total time (years) spent in this work Always

18. Full maiden name MOTHER
Vivian Elizabeth Rash

19. Residence (usual place of abode) Springfield, Idaho
(If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 15 (years)

22. Birthplace (city or place) Grace, Idaho
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work Now, 1938

26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 24th week { months or weeks

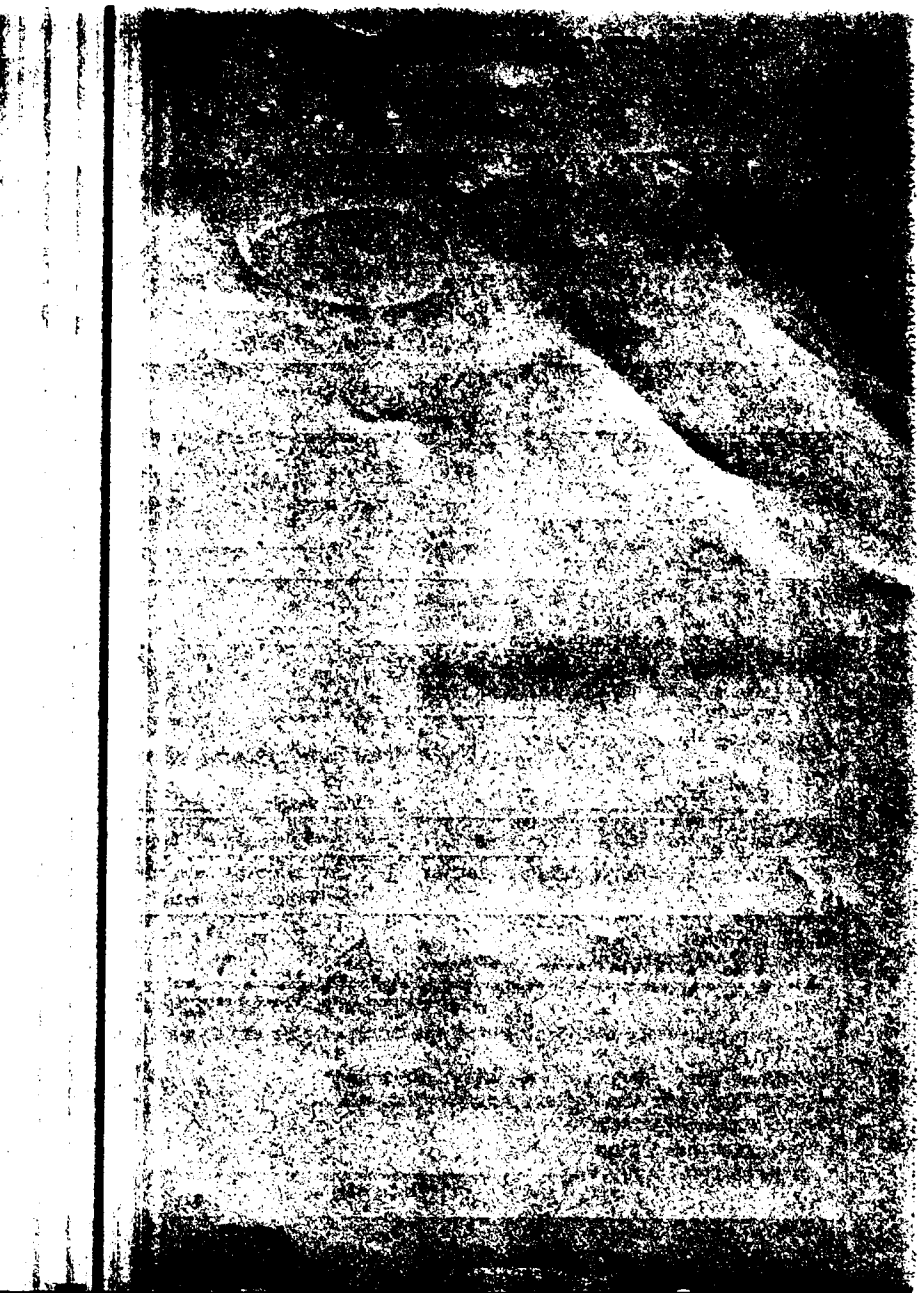
30. Cause of Stillbirth Unknown { During labor _____
Before labor before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:50 PM on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) McMurtre, M. D.
or _____, Midwife
Address Aberdeen, Idaho
Filed April 7, 1938 McMurtre
Registrar. Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bingham
City of Springfield

MAY 5 - 1930

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 116

Primary Registration District No. 2195

DO NOT WRITE IN THIS SPACE

State File No. 108880

Local Registrar's No. 6

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still born Lehman

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) -----

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (mo. and yr.) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) Springfield
(State or country) Idaho.

MOTHER FATHER 13. NAME Johnnie William Lehman.

14. BIRTHPLACE (city or town) Altomont,
(State or country) Mo.

15. MAIDEN NAME Vivian Elizabeth Rash.

16. BIRTHPLACE (city or town) Grace, Idaho.
(State or country)

17. INFORMANT Johnnie William Lehman
(Address) Springfield, Idaho.

18. BURIAL, CREMATION OR REMOVAL 8
Place Springfield, Ida. Date April 8, 1930

19. UNDERTAKER Friends
(Address) Springfield, Idaho.

20. FILED April 7, 1930 McMurtre
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 6, 1930

22. I HEREBY CERTIFY, That I attended deceased from -----, 1930, to -----, 1930

I last saw him alive on -----, 1930; death is said

to have occurred on the date stated above, at ----- m.

The principal cause of death and related causes of importance were as follows:

Stillborn
Cause unknown

24th week of
intrauterine gestation

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1930

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) McMurtre, M. D.

(Address) Aberdeen, Idaho.

1

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S265746

1. PLACE OF BIRTH
County of Bingham
City of Moreland
No. _____ St. _____

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2194 Local Registrar's No. 93

2. FULL NAME OF CHILD Eljay Wheeler (Stillborn)

3. Sex Male	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>April 12., 1938</u> (Month, Day, Year)
-----------------------	---	--	--------------------------------	---

9. Full name FATHER
Robert J. Wheeler
10. Residence (usual place of abode)
(If non-resident, give place and State) Moreland
11. Color or race White 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Idaho
(State or Country)

18. Full maiden name MOTHER
Thursa L. Hardy
19. Residence (usual place of abode)
(If non-resident, give place and State) Moreland,
20. Color or race White 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work present, 19____
17. Total time (years) spent in this work X

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work present, 19____
26. Total time (years) spent in this work X

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo-Silvol 10%

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term { months _____ or weeks _____ }
30. Cause of Stillbirth true knots in cord { Before labor Yes During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

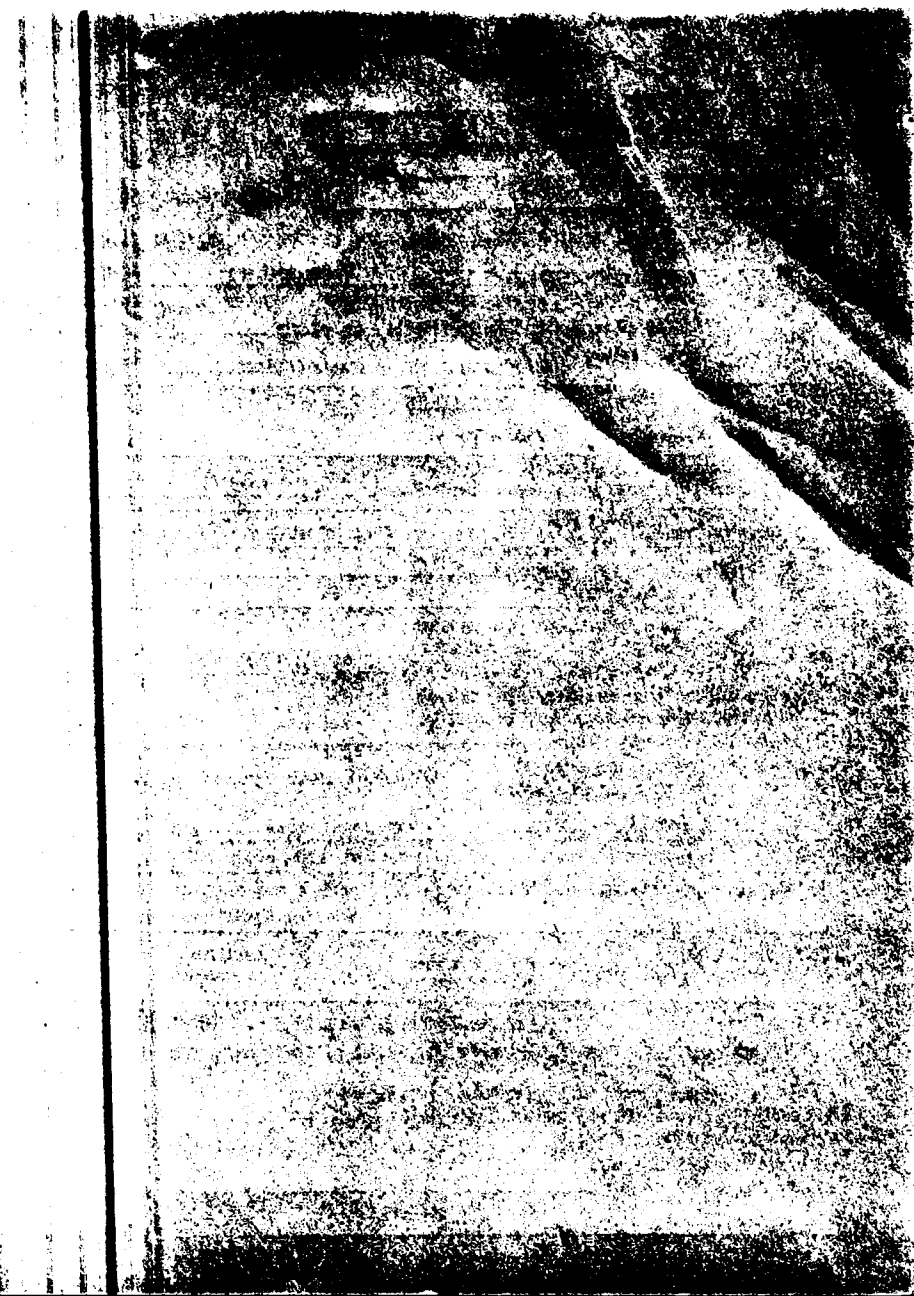
I hereby certify that I attended the birth of this child, who was Stillborn at 6:30A. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. O. Hampton M.D.
or _____, Midwife
Address Blackfoot, Idaho

Filed May 3, 1938, 193____ Dr. Helen E. Smith
Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Campan
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 108883

Registration District No. 121Primary Registration District No. 2194Local Registrar's No. 48

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. 215

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 11, 1938

7. AGE Years Months Days Stillborn
If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

13. NAME Robt. Jos. Wheeler

14. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

15. MAIDEN NAME Anna L. Hardy

16. BIRTHPLACE (city or town) Moscow
(State or country) Idaho

17. INFORMANT Robert J. Wheeler
(Address) Moscow, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Date Apr. 12, 1938

19. UNDERTAKER Robert J. Wheeler
(Address) Moscow, Idaho

20. FILED Apr. 11, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-11-1938

22 I HEREBY CERTIFY, That I attended deceased from 4-11, 1938, to —, 193—.

I last saw h..... alive on — 193—: death is said to have occurred on the date stated above, at 6:20 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
Living body
masacrated
full grown
cause unknown

Other contributory causes of importance:

mother in excellent condition at birth

Name of operation Cesarean Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 193—.

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) J. O. Hampton M. D.

(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Angus
City of Bayport
No. _____ St. _____

RECEIVED
MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
265756

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2144 Local Registrar's No. 103

2. FULL NAME OF CHILD

Stella born Nelson

3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Y</u>	7. Legiti- mate? <u>Y</u>	8. Date of birth <u>4-30</u> , 193 <u>8</u> (Month, Day, Year)
--------------------	--	--	------------------------------	--

9. Full name FATHER
Lowell James Nelson
10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
11. Color or race Cauc | 12. Age at last birthday 42 (years)
13. Birthplace (city or place) Idaho
(State or Country)
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work
Present, 19____
17. Total time (years) spent
in this work Y

18. Full maiden name MOTHER
Feltie Marie Nelson
19. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
20. Color or race Cauc | 21. Age at last birthday 51 (years)
22. Birthplace (city or place) Idaho
(State or Country)
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____
25. Date (month and year)
last engaged in this work
Present, 19____
26. Total time (years) spent
in this work Y

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% A.C. No.

28. Number of children of this mother 1 (At time of this birth and including this child)

(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation Term { months or weeks } 30. Cause of stillbirth { Before labor or During labor Difficult labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 1:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

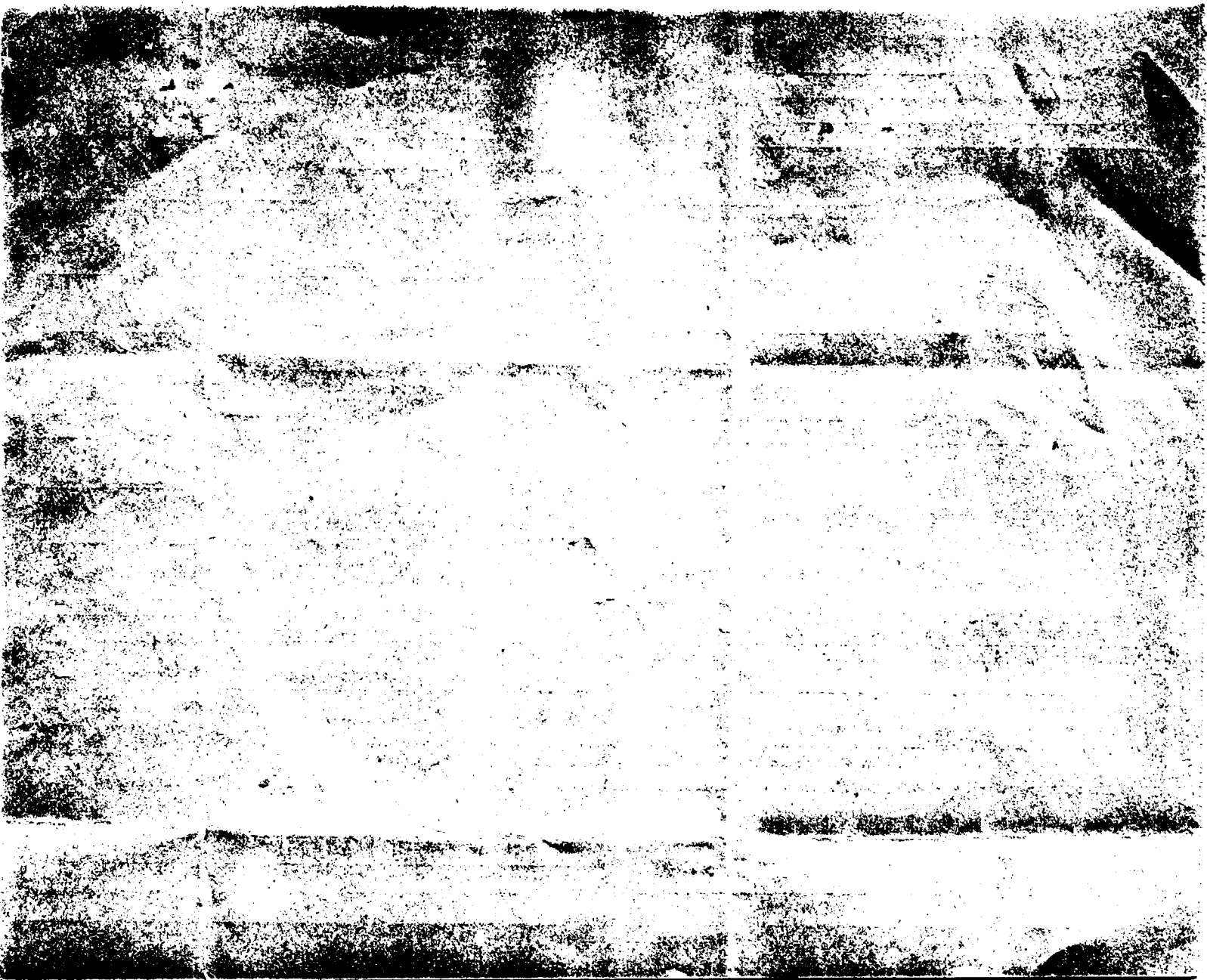
(Signed) Stella born Nelson, M. D.

or _____, Midwife

Address Bayport, Idaho

Filed May 31, 1938 Idaho State Registrar

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>108886</u>	
County of <u>Bingham</u>	City of <u>Boise</u>	Registration District No. <u>121</u>	Primary Registration District No. <u>2194</u>	Local Registrar's No. <u>51</u>	
(No. _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>(Stellman) Meckham</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>F</u>	4. Color or Race <u>Caucasian</u>	5. Single, Married, Widowed or Divorced, (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>1-20-38</u>					
7. AGE Years <u>Still birth</u>	Months _____	Days _____	If LESS than 1 day _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (mo. and yr.) _____					
11. Total time (years) spent in this occupation _____					
12. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
13. NAME <u>Lowell J. Meckham</u>					
14. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Katherine Marie Nelson</u>					
16. BIRTHPLACE (city or town) <u>Boise</u> (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>Lowell J. Meckham</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Boise</u> Date <u>4-21, 1938</u>					
19. UNDERTAKER <u>Lowell J. Meckham</u> (Address) <u>Boise, Idaho</u>					
20. FILED <u>4-21, 1938</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>4-20 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Still birth</u> , 1938, to _____, 1938.					
I last saw him alive on _____, 1938: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Difficult labor</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938.					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>X</u> If so, specify _____ (Signed) <u>Lowell J. Meckham</u> M. D. (Address) <u>Boise, Idaho</u>					

MAY 6 1938

215

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. Route 2 St. Blackfoot
MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S** 265771
Registration District No. 121 State File No. 265771

(If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 118

2. FULL NAME OF CHILD Shelborn Langreicht

3. Sex M If plural births { 4. Twin, triplet, or other twins 5. Number, in order of birth 2 6. Premature Full term 7. Legitimate? Yes 8. Date of birth April 25 1938
(Month, Day, Year)

9. Full name FATHER Emil Langreicht 18. Full maiden name MOTHER Katherine D. J. Geller

10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot R2 19. Residence (usual place of abode) (If non-resident, give place and State) Same

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Germany 22. Birthplace (city or place) (State or Country) Germany

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. — 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work Present, 1938 17. Total time (years) spent in this work Always 25. Date (month and year) last engaged in this work Present, 1938 26. Total time (years) spent in this work Signs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 { months or weeks 30. Cause of stillbirth { Before labor Threat day During labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:35 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (Date of) _____

(Signed) W. H. Back, M. D.

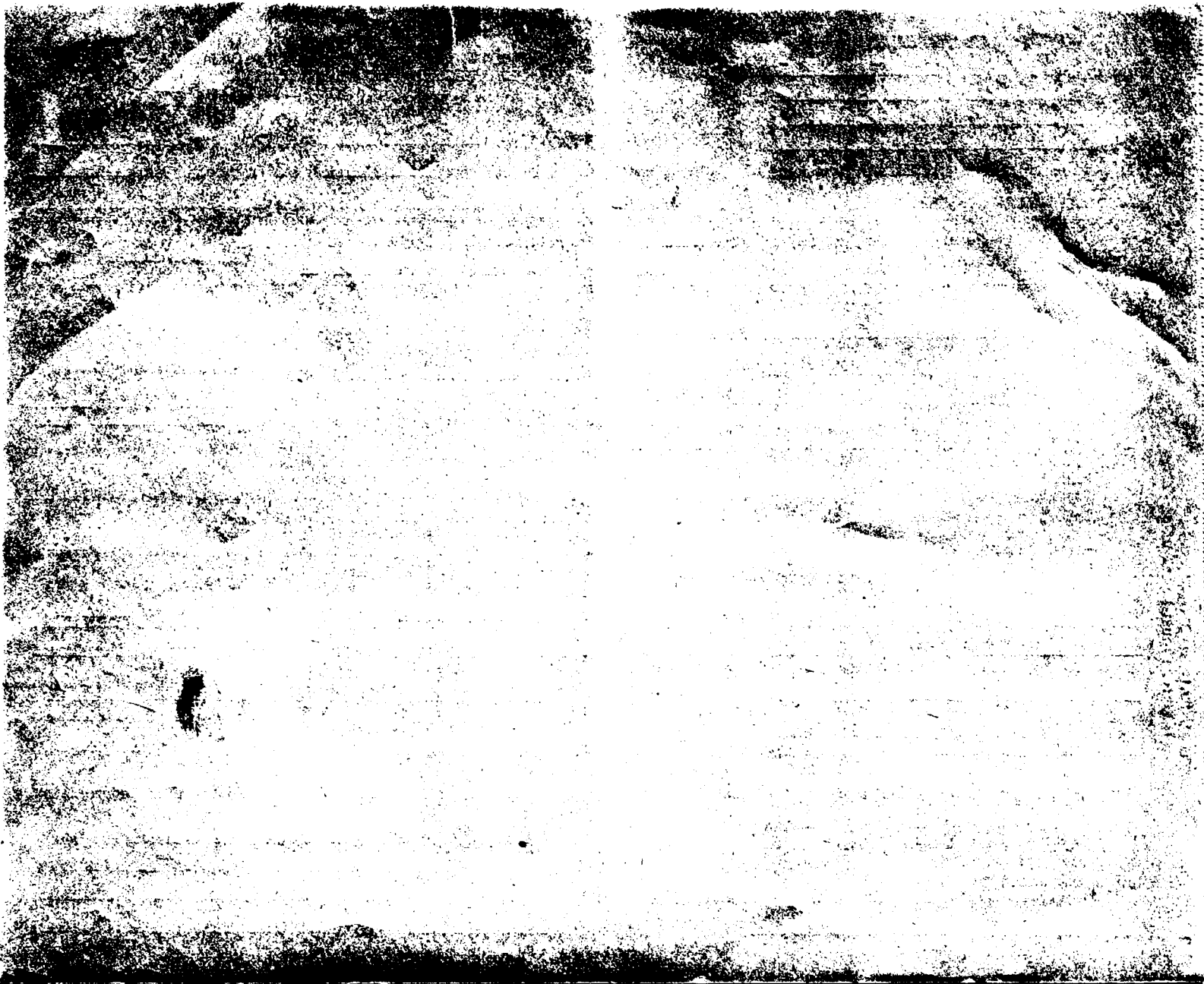
or _____, Midwife

Address Blackfoot, Idaho

Filed May 4 1938 W. H. Back

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
PLACE OF DEATH
County of Benjamin
City of Thomas, Pa. CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
108890
State File No.

Registration District No. 121
Primary Registration District No. 2194

Local Registrar's No. 55

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Unnamed (Lamprecht, Stillborn) 715
(a) Residence. No. Blackfoot, Idaho Pa. St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) Apr. 25, 1938
7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Thomas, Pa.
(State or country)

13. NAME Emil Lamprecht
14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Catherine J. Goeller

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Emil Lamprecht
(Address) Blackfoot, Ida. R. 2

18. BURIAL, CREMATION OR REMOVAL
Place Thomas, Pa. Date Apr. 25, 1938

19. UNDERTAKER Emil Lamprecht
(Address) Thomas, Idaho

20. FILED Apr. 25, 1938 Dr. H. E. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) About April 25 1938

22. I HEREBY CERTIFY, That I attended deceased from

Stillborn, 1938, to Stillborn, 1938
I last saw him alive on Stillborn, 1938; death is said

to have occurred on the date stated above, at 1:15 a. m.
The principal cause of death and related causes of importance were as follows:

Stillborn
probably dead
for 5 or 6 days
cause not
Other contributory causes of importance:
determined

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No. If so specify

(Signed) W. H. Beck, Jr., M.D.
(Address) Blackfoot, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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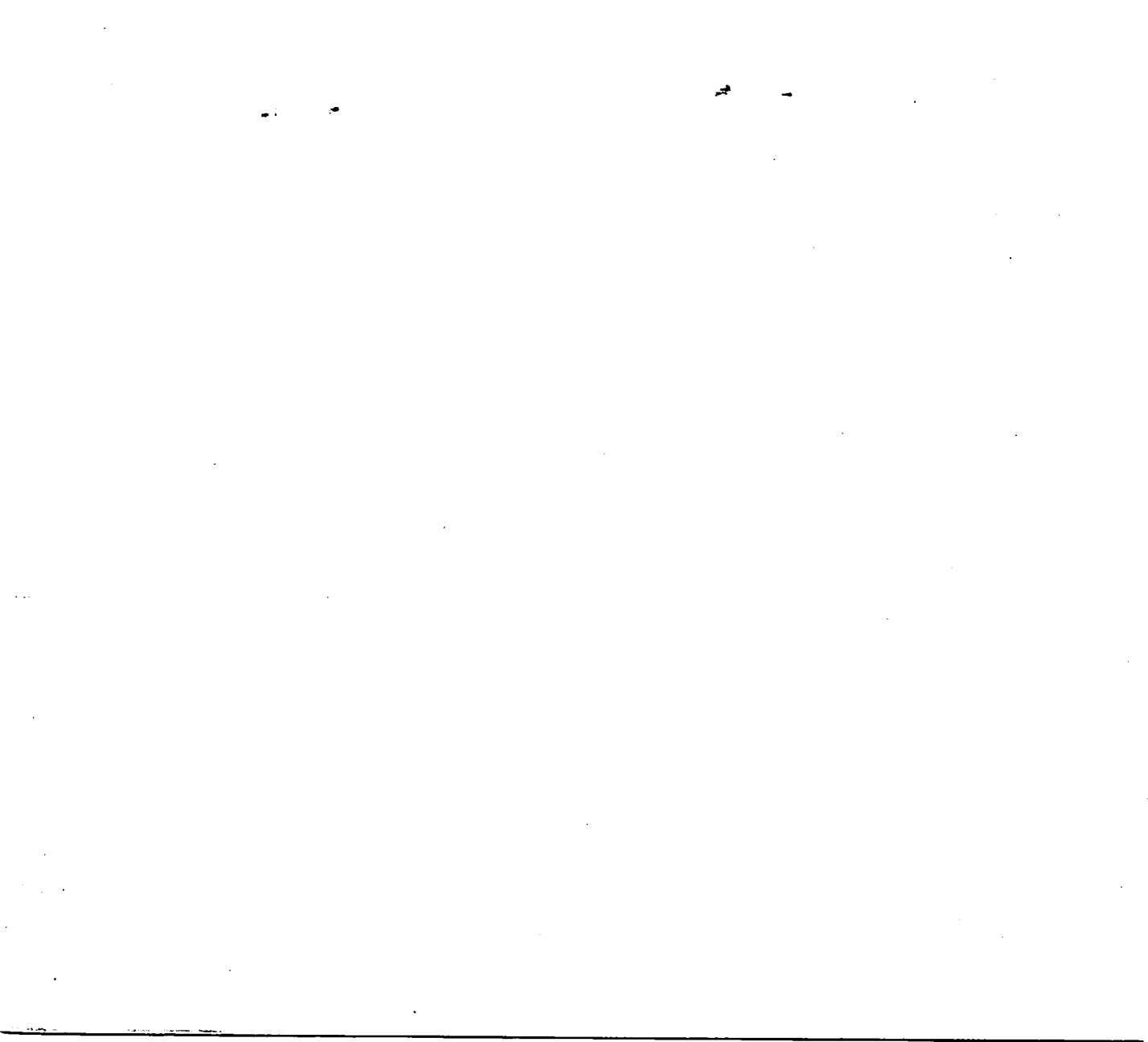
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Blaine</u> City of <u>Gannett</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 265785	
(If born in hospital or institution give name.)		Registration District No. <u>57</u> State File No. _____	
2. FULL NAME OF CHILD <u>Lois Genevieve Johnson - Stillborn</u>		Prim. Registration District No. <u>2022</u> Local Registrar's No. <u>23</u>	
3. Sex <u>Female</u> If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>
5. Number, in order of birth _____	Full term <u>yes</u>		8. Date of birth <u>4-12-1938</u> (Month, Day, Year)
9. Full name FATHER <u>George W. Johnson</u>		18. Full maiden name MOTHER <u>Gladys Minard</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gannett</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gannett</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>25</u> (years)		21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or country) <u>Pellene, Idaho</u>		22. Birthplace (city or place) (State or country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>7</u>		26. Total time (years) spent in this work <u>7</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Agass</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation _____ months or weeks _____		30. Cause of stillbirth _____ Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5 A</u> m. on the date above stated.	
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }	
Give name added from a supplemental report _____ (Date of) _____	
(Signed) <u>Robert H. Wright</u> , M. D.	or _____, Midwife
Address <u>Hailey, Idaho</u>	
Filed <u>5-1-1938</u> <u>Robert H. Wright</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Gannett
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 108897

Registration District No. 57
Primary Registration District No. 2022

Local Registrar's No. 17

MAY 10 1938

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Louise Genevieve Johnson
(a) Residence No. Gannett Idaho St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. 215

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) infant
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH (month, day, and year) 4-12-38
7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min. stillborn
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (city or town) Gannett (State or country) Ida

13. NAME Geo W. Johnson
14. BIRTHPLACE (city or town) Bellvue (State or country) Ida
15. MAIDEN NAME Gladys Minard
16. BIRTHPLACE (city or town) Logansport (State or country) Ida
17. INFORMANT Geo W. Johnson (Address) Gannett, Idaho
18. BURIAL, CREMATION OR REMOVAL Place Bellvue Date 4-13-1938
19. UNDERTAKER R Mc Goldberg (Address) Hailey, Idaho
20. FILED 5-1, 1938 Robert H. Wright Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-12-1938
22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

Stillborn - Preceded cord

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____
(Signed) Robert H. Wright, M. D.
(Address) Hailey, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Idaho Falls
No. Maryland Avenue
Lab. & Hospital
(If born in hospital or institution give name.)

RECEIVED
MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S
265880

Registration District No. 73 State File No. _____
Prim. Registration District No. 214 Local Registrar's No. 213

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? yes 8. Date of birth April 17 1938
(Month, Day, Year)

9. Full name FATHER Edwin H. Cook
10. Residence (usual place of abode) Idaho Falls, City
(If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Utah
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Turner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented farm
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
19 _____

18. Full maiden name MOTHER Wilma Rose Hunter
19. Residence (usual place of abode) Idaho Falls, City
(If non-resident, give place and State) Idaho
20. Color or race white 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Near Illinois
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work April 1938 26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 11
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 6 months { months or weeks
30. Cause of stillbirth unknown { Before labor _____ During labor _____

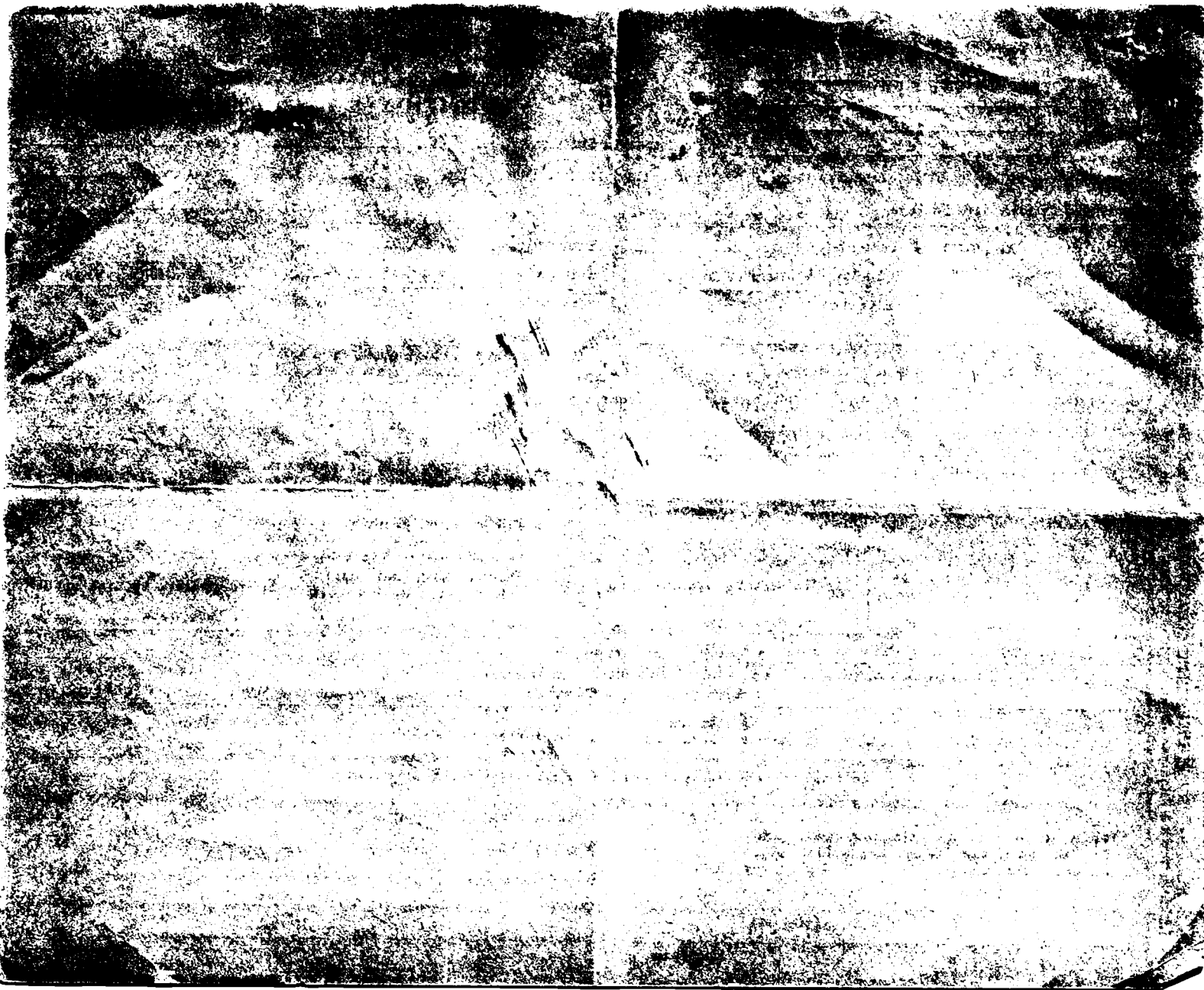
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) D. D. Ford, M. D.
or _____ Midwife
Address Idaho Falls, Idaho
Filed May 2, 1938 A. C. Ferguson Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of San Juan

City of Alamo, Taos, N.M.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 200-0

DO NOT WRITE IN THIS SPACE

State File No. 108921

Local Registrar's No. 83

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Male

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 17, 1901

7. AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.

Shell built

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Idaho

MOTHER FATHER

13. NAME

Elton H. Cook

14. BIRTHPLACE (city or town) (State or country)

Utah

15. MAIDEN NAME

Wilma Rose Huston

16. BIRTHPLACE (city or town) (State or country)

Illinois

17. INFORMANT (Address)

Mother

18. BURIAL, CREMATION OR REMOVAL

Place Cremation Date 4/18, 1938

19. UNDERTAKER (Address)

Name

20. FILED

May 1, 1938 E. E. Egan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/17, 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/17, 1938, to 4/17, 1938

I last saw him alive on 4/17, 1938; death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity
5th 6 months

April

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938 _____

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____

(Signed) Idaho Falls M. D.
(Address _____)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Idaho
No. Mercy Hospital St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD
Still born Wilson

3. Sex Female If plural births { 4. Twin, triplet, or other X 6. Premature X 7. Legitimate? yes 8. Date of birth April 12, 1938 (Month, Day, Year)

5. Number, in order of birth 1 Full term yes

9. Full name FATHER Thomas Franklin Wilson 18. Full maiden name MOTHER Ruth Ann Wiley

10. Residence (usual place of abode) P. 1 - Nampa 19. Residence (usual place of abode) P. 1 - Nampa
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 4 1/2 (years) 20. Color or race white 21. Age at last birthday 3 3 (years)

13. Birthplace (city or place) Montana 22. Birthplace (city or place) Almena Kansas
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. P. F. C. Shop 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Present, 1938 17. Total time (years) spent in this work 8 yrs. 25. Date (month and year) last engaged in this work Present, 1938 26. Total time (years) spent in this work 7 1/2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mos { months or weeks 30. Cause of Stillbirth Premature separation of Placenta During labor X Before labor _____

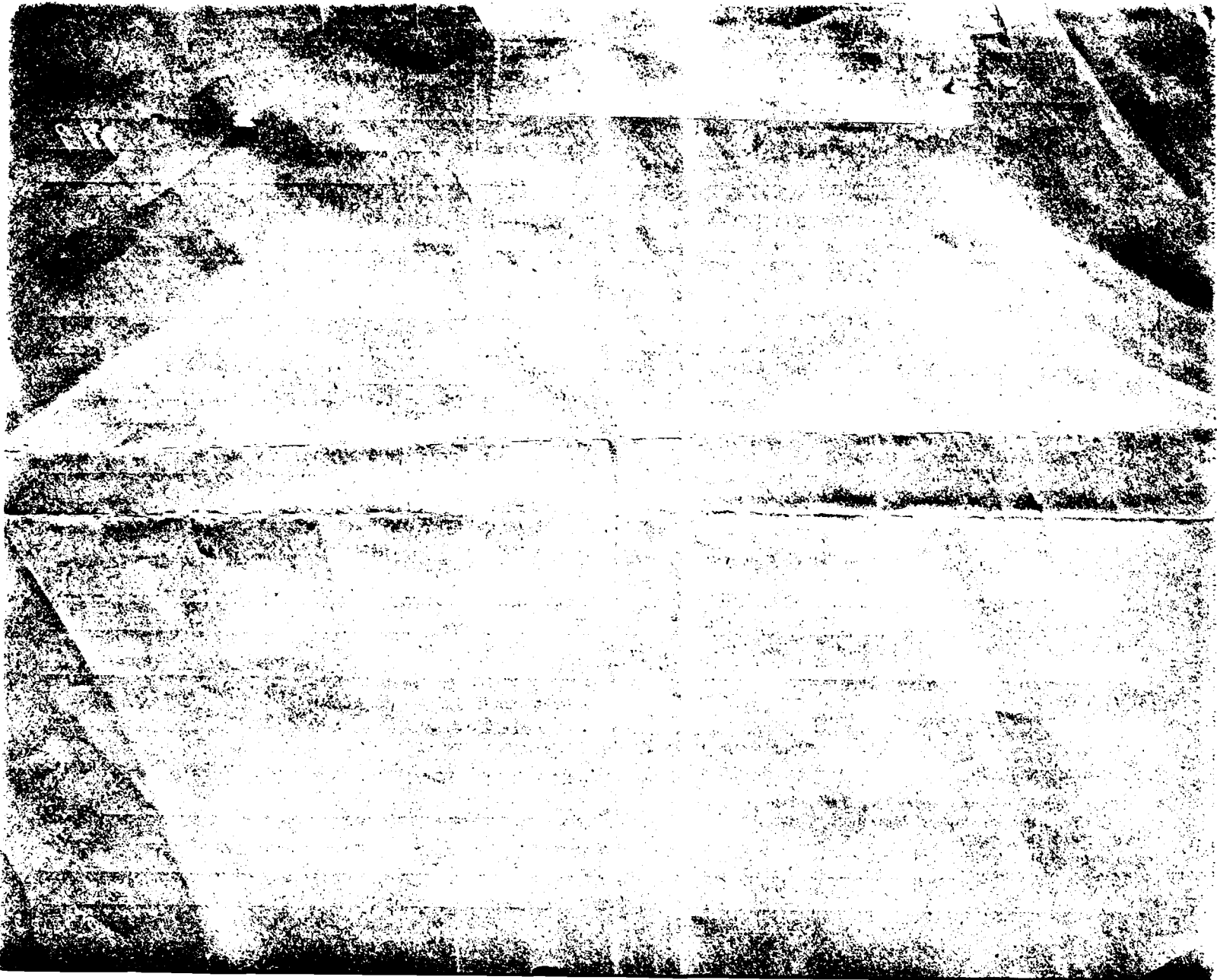
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:12 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) W. B. Foss _____, M. D.
or _____, Midwife
Address 107-12th Ave So. Nampa Idaho
Filed May 6, 1938 Lyda Rodgers
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2006(No. Mercy Hospital)

DO NOT WRITE IN THIS SPACE

State File No. 108952Local Registrar's No. 61

MAY 9 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Wilson(a) Residence No. Nampa Idaho R#1

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female4. Color or Race White5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 4-12-38

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last work-
ed at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Nampa Idaho13. NAME Thomas F. Wilson14. BIRTHPLACE (city or town)
(State or country) Ruth Wyo15. MAIDEN NAME Mary Ann Wilson16. BIRTHPLACE (city or town)
(State or country) Ark.17. INFORMANT Thomas F. Wilson(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Nampa Idaho Date 4-13, 193819. UNDERTAKER F. K. Robinson(Address) Nampa Idaho20. FILED May 4, 1938 Lyda Rodgers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-12-193822 I HEREBY CERTIFY, That I attended deceased from
4/12/38 5:15 AM 1938, to 4/12 7:20 AM 1938I last saw h.e.r. alive on 4/12 1938: death is said
to have occurred on the date stated above, at 7:20 m.The principal cause of death and related causes of im-
portance were as follows:Stillborn Still time

Date of onset

Other contributory causes of importance:

premature separation of
the placentaName of operation Cesarean Section Date of 4/12/38What test confirmed diagnosis? ____ Was there an
autopsy? no23. If death was due to exter'l causes (violence) fill in also
the following.Accident, suicide, or homicide? ____ Date of injury ____
1938 ____Where did injury occur? ____
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or
in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation
of deceased? no If so, specify.(Signed) J. S. Year M. D.(Address) 107-124 Ave. 50 Nampa

- UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WORLD, EXCLUDED WITH UNFADING LINK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 265963	
County of <u>Canyon</u>		Registration District No. <u>7</u>		State File No. _____	
City of <u>Nampa</u>		Prim. Registration District No. <u>1116</u>		Local Registrar's No. <u>123</u>	
No. <u>Mercy Hosp</u> St. _____					
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Spilf Bern Witterkind</u>					
3. Sex <u>Female</u>					
If plural births {		4. Twin, tripled or other _____		5. Premature _____	
5. Number, in order of birth _____		Full term <u>yes</u>		7. Legiti- mate? <u>yes</u>	
8. Date of birth <u>MAY 22 1938</u>		(Month, Day, Year)			
9. Full name FATHER <u>Chester Oliver Witterkind</u>			18. Full maiden name MOTHER <u>Sarahy Lucille Stuart</u>		
10. Residence (usual place of abode) <u>Nampa Ida</u>			19. Residence (usual place of abode) <u>Nampa Ida</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>White</u>			20. Color or race <u>White</u>		
12. Age at last birthday <u>30</u> (years)			21. Age at last birthday <u>35</u> (years)		
13. Birthplace (city or place) <u>Grand Junction Colo</u>			22. Birthplace (city or place) <u>Hubbard Minnesota</u>		
(State or Country)			(State or Country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Construction</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Work, Morrison Knudsen</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work <u>Present 1938</u>			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>10 Yr.</u>			26. Total time (years) spent in this work <u>1 1/2 Yr.</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol 10%</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>1</u>					
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation _____ { months or weeks			30. Cause of stillbirth _____ { Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Spilf Bern at 248 P m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Ed Rawell, M. D.

or _____, Midwife

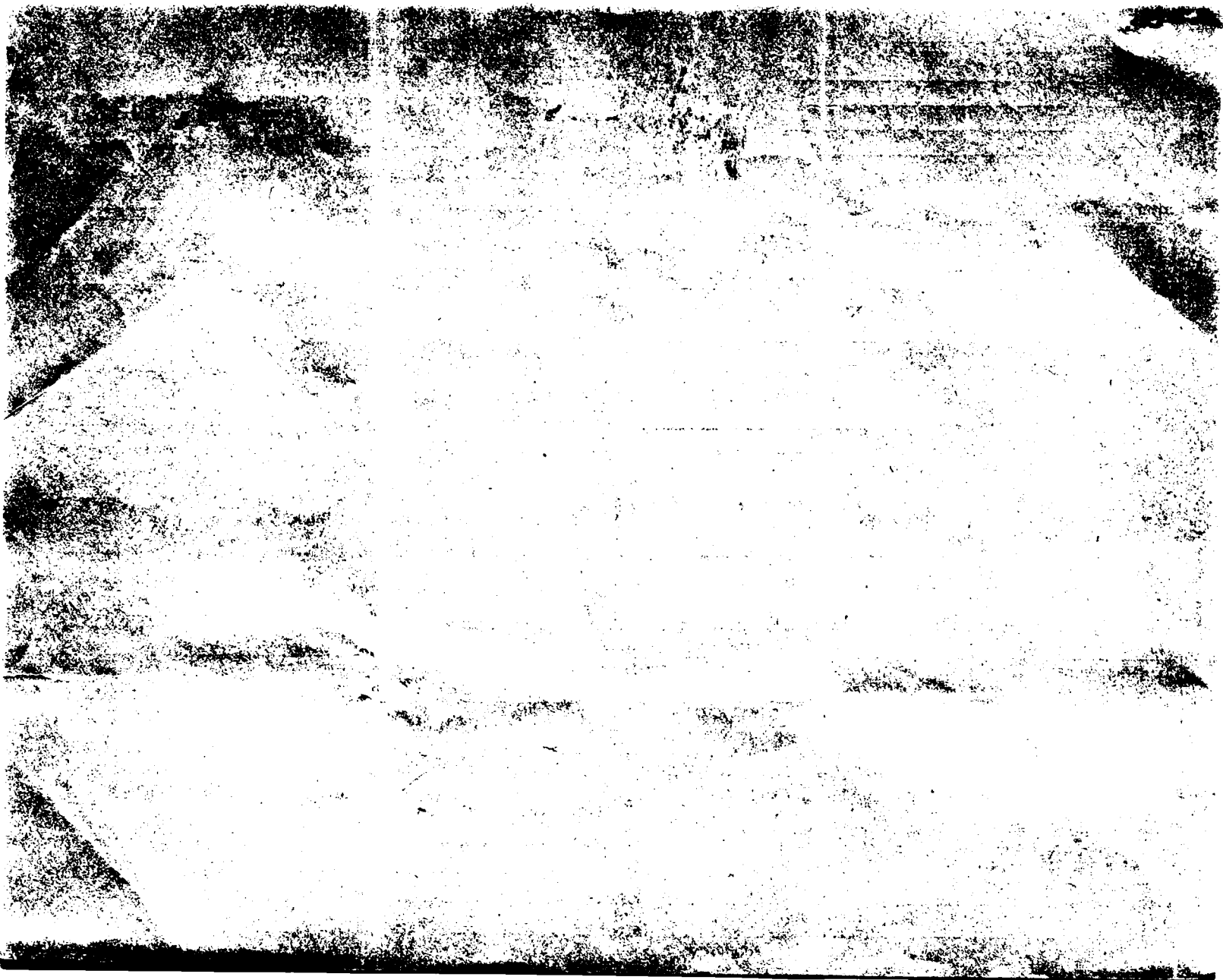
Address Nampa Idaho

Filed May 6, 1938 Lyda Rodgers

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Rodwell.
DO NOT WRITE IN THIS SPACE
108951
State File No. _____

MAY 9 1938

Registration District No. 7

Primary Registration District No. 1026

Local Registrar's No. 422

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME John Richard Whitterkind

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) March 23, 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Nampa (State or country) Idaho

MOTHER FATHER

13. NAME Chester O. Whitterkind

14. BIRTHPLACE (city or town) Grand Junction (State or country) Idaho

15. MAIDEN NAME Alonzy Stuart

16. BIRTHPLACE (city or town) Nampa (State or country) Idaho

17. INFORMANT Chester O. Whitterkind (Address) Nampa

18. BURIAL, CREMATION OR REMOVAL Nampa Place St. Lawrence Date 3/23, 1938

19. UNDERTAKER Deith Galt (Address) Nampa, Idaho

20. FILE May 18 1938 Lyda Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Mar. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 23rd, 1938, to Mar 23rd, 1938. I last saw her alive on _____, 1938; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Stillbirth

Date of onset

Mar 23rd 38

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? ? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Rodwell M. D.

(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

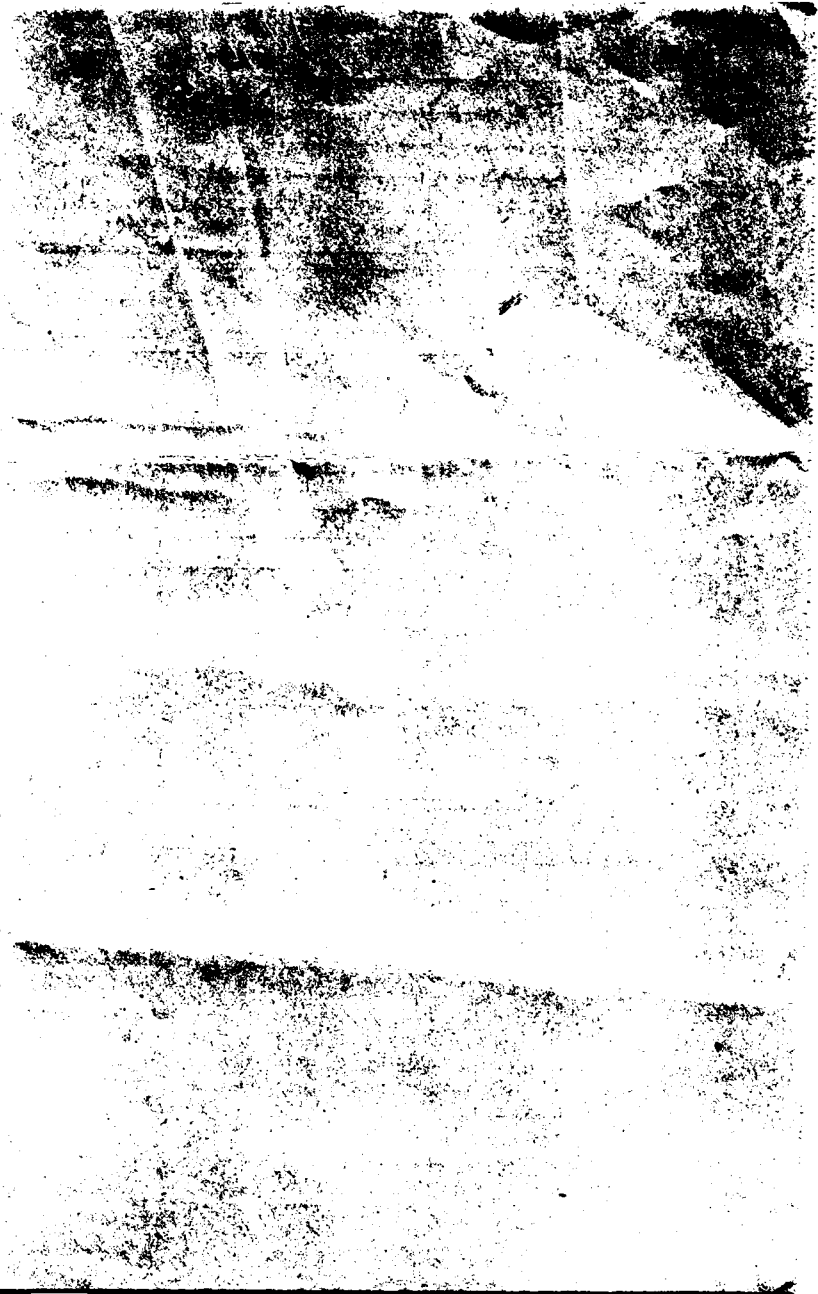
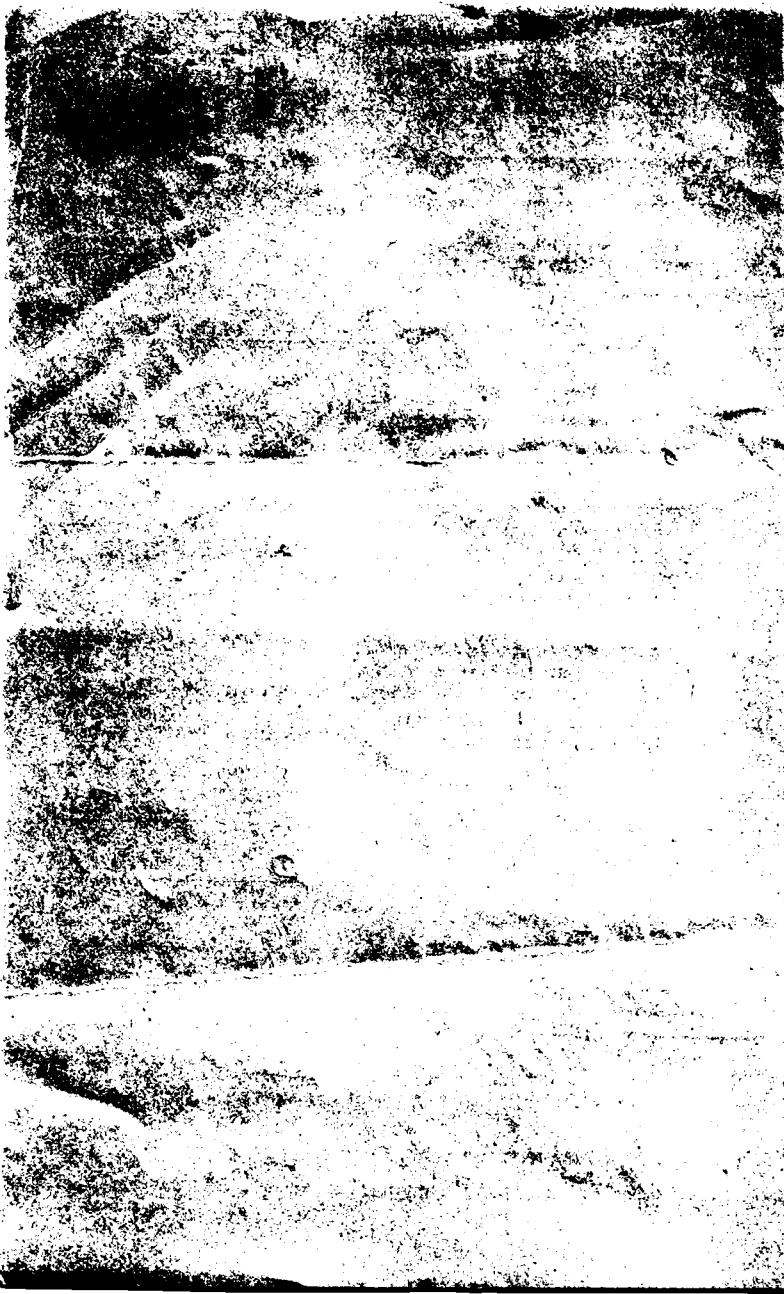
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of future death of one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>854-115</u>		STATE OF IDAHO	
County of <u>Burley</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Burley</u>		BUREAU OF VITAL STATISTICS	
No. <u>117</u>		CERTIFICATE OF BIRTH S	
Registration District No. <u>117</u>		State File No. 266045	
(If born in hospital or institution give name.) <u>Coalgate Hospital</u>		Prim. Registration District No. <u>2194</u> Local Registrar's No. <u>104</u>	
2. FULL NAME OF CHILD <u>Carl H. Hedberg</u>		8. Date of birth <u>3-15</u> , 19 <u>38</u> (Month, Day, Year)	
3. Sex <u>male</u>		4. Twin, triplet, or other births <u>5. Number, in order of birth</u>	
6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>	
9. Full name <u>Henry Hedberg</u>		18. Full maiden name <u>Helma Hedberg</u>	
10. Residence (usual place of abode) <u>Burley, Ida</u>		19. Residence (usual place of abode) <u>Burley</u>	
11. Color or race <u>W.</u>		21. Age at last birthday <u>30</u> (years)	
12. Age at last birthday <u>36</u> (years)		22. Birthplace (city or place) <u>Scot. Lake, Ind.</u>	
13. Birthplace (city or place) <u>Colorado Springs</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Food Product Inspector</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Inspector</u>		25. Date (month and year) last engaged in this work <u>now</u> , 19 <u>38</u>	
16. Date (month and year) last engaged in this work <u>now</u> , 19 <u>38</u>		26. Total time (years) spent in this work <u>2 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?		28. Number of children of this mother (At time of this birth and including this child)	
28. Number of children of this mother (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>9 mo</u> { months or weeks	
30. Cause of Stillbirth <u>Contracted before</u>		During labor <u>yes</u> Before labor <u>no</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>1 1/2</u> p. m. on the date above stated.			
(Signed) <u>L. M. T. Kelly</u> , M. D.			
or _____, Midwife			
Address <u>Burley, Idaho</u>			
Filed <u>April 18</u> , 19 <u>38</u> <u>Laura E. Spruher</u> Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. 108963	
County of <u>Cassia</u>		Registration District No. <u>117</u>			
City of <u>Burley</u>		Primary Registration District No. <u>2194</u>		Local Registrar's No. <u>21</u>	
(No. <u>Cottage Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stay of Carl H. Heolberg</u>				215	
(a) Residence. No. <u>Burley, Ida. N. Albion</u> St.		(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred.—yrs.—mos.—ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>March-15-1938</u>					
7. AGE Years Months Days	If LESS than 1 day hrs. or min.				
<u>Still Born</u>					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Burley, Idaho</u>					
13. NAME <u>Carl Henry Heolberg</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Calverton, Maryland</u>					
15. MAIDEN NAME <u>Selma Sunner</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Salt Lake City, Utah</u>					
17. INFORMANT (Address) <u>Carl Henry Heolberg, Burley, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Salt Lake City, Utah</u> Date <u>3-18-1938</u>					
19. UNDERTAKER (Address) <u>Ernest B. McCallach, Burley, Idaho</u>					
20. FILED <u>3-16-1938</u> <u>Laura S. Bracker</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>3-15-1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>3-15</u> , 193 <u>8</u> , to <u>3-15</u> , 193 <u>8</u> .					
I last saw h. <u>Still born</u> , 193 <u>8</u> : death is said to have occurred on the date stated above, at <u>2:00</u> p.m. The principal cause of death and related causes of importance were as follows:					
<u>Still born</u>					
Other contributory causes of importance: <u>Stillborn</u> <u>Breast prostatic</u>					
Name of operation _____ Date of _____					
Was any confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>8</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____					
(Signed) <u>S. M. Kelly</u> M. D.					
(Address) <u>Burley, Idaho</u>					

UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PLACE OF BIRTH

MAY 6 - 1935

STATE OF IDAHO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 266134

(If born in hospital or institution give name.)

Registration District No. 6 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD

FRANK EMORY COBLE - Stillbirth

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>X</u>	7. Legiti- mate <u>Yes</u>	8. Date of birth <u>7-31</u> 19 <u>35</u> (Month, Day, Year)
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9. Full name <u>Ray Coble</u>	FATHER	18. Full maiden name <u>Pre Madeline Beacham</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Houston, Tex.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Houston, Tex.</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>20</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or country) <u>Wesley, Tex.</u>	22. Birthplace (city or place) (State or country) <u>Houston, Tex.</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
--	--

16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
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27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn 129. If stillborn, period of gestation 7 1/2 months on weeks 30. Cause of stillbirth Eclampsia
Before labor Yes
During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 1:30 a.m. on the date above stated.
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) <u>[Signature]</u> , M. D.
	or <u>[Signature]</u> , Midwife

Give name added from a supplemental report (Date of) Address

Filed 5/5, 1935 [Signature] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of death of child, a separate return must be made for each, and the number of each, in order of birth, must be stated.

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of SevierCity of EmmettSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 6

Primary Registration District No. _____ Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Frank Emory Coble(a) Residence. No. Emmett Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 4-21-287. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min. Stillborn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) Emmett (State or country) Idaho13. NAME Ray Coble14. BIRTHPLACE (city or town) Idaho (State or country) Idaho15. MAIDEN NAME Rose Beacham16. BIRTHPLACE (city or town) Thoutown (State or country) Ind.17. INFORMANT H. H. H. H. (Address) Emmett Idaho18. BURIAL, CREMATION OR REMOVAL Place Emmett Idaho Date 4/22, 193819. UNDERTAKER none (Address) _____20. FILED 4/22, 1938 J. H. Reynolds Registrar

DO NOT WRITE IN THIS SPACE

108997

State File No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4-21 193822. I HEREBY CERTIFY, That I attended deceased from 4-21, 1938, to 4-21, 1938.I last saw h... alive on _____, 193...; death is said to have occurred on the date stated above, at 1:24 p.m.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset 4-21-38

Other contributory causes of importance:

Mother had eclampsia 7-21-35

Name of operation _____ Date of _____

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, 193...
Where did injury occur? ...
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? ... It is exactly _____

(Signed) J. H. Reynolds M. D.(Address) Emmett Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

1. PLACE OF BIRTH
County of San
City of Emmett
No. _____ St. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

MAY 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S266125**

Registration District No. 6 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

3. Sex male (if plural births) 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legiti-
mate? yes 7. Date of birth April 27, 1938
(Month, Day, Year)

9. Full name FATHER
Harold Thomas Dealy
10. Residence (usual place of abode)
(If non-resident, give place and State) Emmett
11. Color or race White 12. Age at last birthday 19 (years)
13. Birthplace (city or place)
(State or country) Idaho

18. Full maiden name MOTHER
Jean Rosella Flower
19. Residence (usual place of abode)
(If non-resident, give place and State) Emmett
20. Color or race W. 21. Age at last birthday 19 (years)
22. Birthplace (city or place)
(State or country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. worker.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, months or weeks 30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Reynolds, M. D.
or _____, Midwife

Give name added from a supplemental report _____
(Date of) _____

Address Emmett Idaho
Filed 5/5, 1938 J. H. Reynolds
Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. **108998**

PLACE OF DEATH

County of Jerem
City of Emmett

CERTIFICATE OF DEATH

Registration District No. 6
Primary Registration District No. Local Registrar's No.
(No.)

If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn Baby - Dealey

(a) Residence. No. St

(Usual place of abode.)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State.)

PERSONAL AND STATISTICAL PARTICULARS

8. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day and year) April 27-38

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (city or town) Idaho
(State or country)

10. NAME OF FATHER Harold Thomas Dealey

11. BIRTHPLACE OF FATHER (city or town) Hailey, Ida.
(State or Country)

12. MAIDEN NAME OF MOTHER Fern Della Flower

13. BIRTHPLACE OF MOTHER (city or town) Nebraska
(State or County)

14. Informant Harold Thomas Dealey
(Address)

15. Filed 5/4, 1938 J.H. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH Stillborn Apr 27, 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred, on the date stated above, at.....m.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (i) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
The CAUSE OF DEATH* was as follows:

Stillborn - Cause unknown.

date of birth week or 10 days previous to delivery
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J.H. Reynolds M. D.
5/4, 1938 (Address) Emmett, Ida.

19. Place of Burial, Cremation, or Removal Burial at home Date of Burial 4/28/38

20. Undertaker None Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Composer, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc. without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of** (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia, "PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Gooding
City of Wendell
No. R.F. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 266146

MAY 9 - 1938

Registration District No. 22 State File No.

(If born in hospital or institution give name) Prim. Registration District No. 2018 Local Registrar's No.

2. **FULL NAME OF CHILD** Stillborn male Infant unnamed

3. Sex male If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature yes 7. Legitimate? yes 8. Date of birth 3-29, 1938 (Month, Day, Year)

9. Full name FATHER Fred E. Plank 18. Full maiden name MOTHER Bulah McKenham

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell 19. Residence (usual place of abode) (If non-resident, give place and State) Wendell

11. Color or race white 12. Age at last birthday 28 (years) 20. Color or race white 21. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Idaho 22. Birthplace (city or place) (State or Country) Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabaret 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation about 6 months { months or weeks 30. Cause of stillbirth unknown (Before labor yes During labor no)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Signed) J. A. Connelley, M. D.

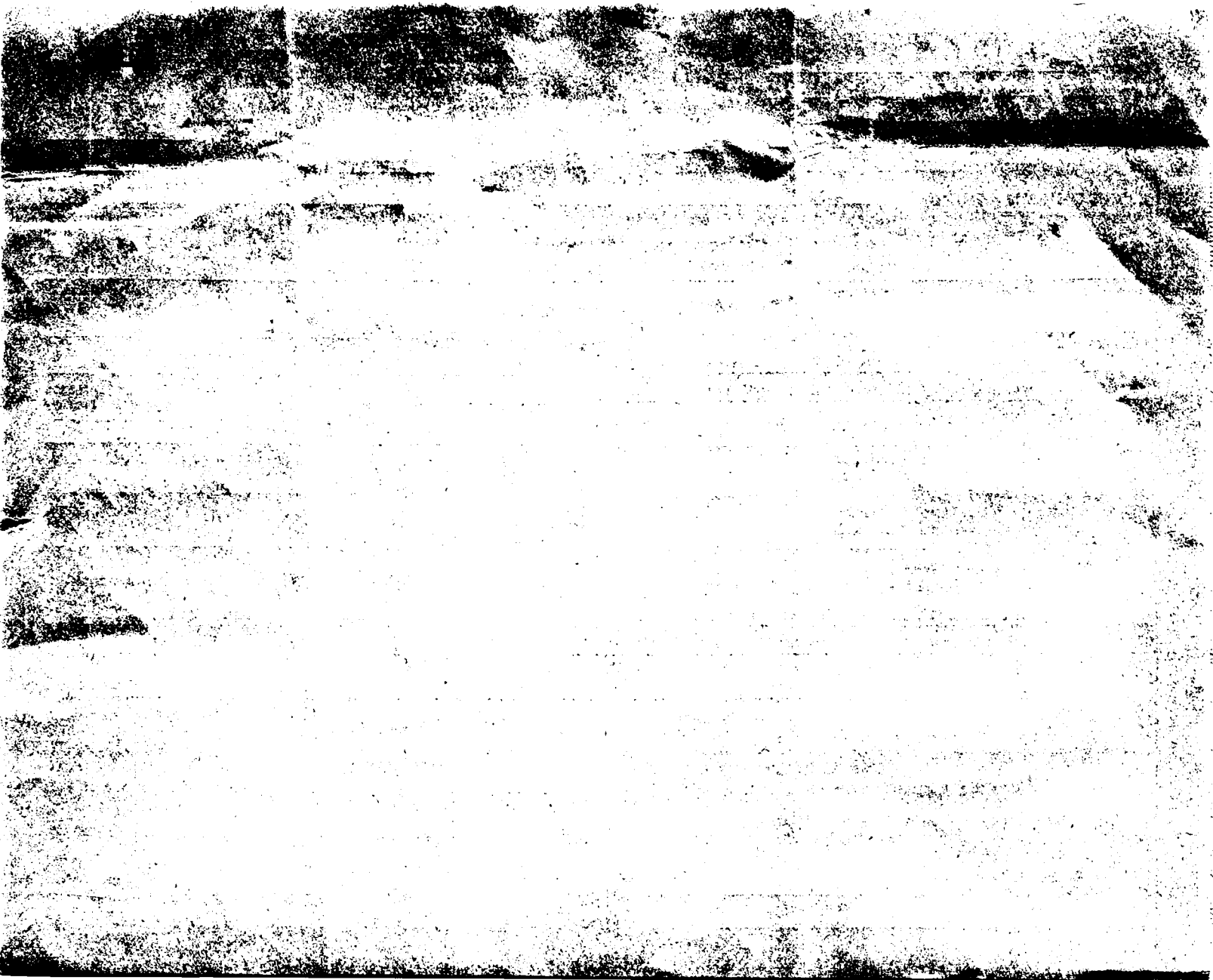
or , Midwife

Address

Filed 3-4-9, 1938 F. L. Dinnerton

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Gooding
City of Mindelo

MAY 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 2018

DO NOT WRITE IN THIS SPACE

109003

State File No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) S

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of no

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

OCCUPATION
FATHER
MOTHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place _____ Date _____, 1938

19. UNDERTAKER

(Address)

20. FILED

4 - 9, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3/9/1938

22 I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw h. alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Still-born
relative found to mts
Cause not known

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ so, specify _____

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each child stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S 266190	
County of <u>Jefferson</u>		MAY 5 1938		Registration District No. <u>98</u>		State File No. _____	
City of <u>Regley Idaho</u>		Prim. Registration District No. <u>2176</u>		Local Registrar's No. <u>74</u>			
No. _____ St. _____							
(If born in hospital or institution give name.)							
2. FULL NAME OF CHILD <u>Elizabeth</u>							
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other. _____		6. Premature <u>yes</u>		7. Legiti- mate? <u>yes</u>	
		5. Number, in order of birth _____		Full term <u>no</u>		8. Date of birth <u>April 9</u> , 193 <u>8</u> (Month, Day, Year)	
9. Full name <u>John Ivan Keller</u> FATHER				18. Full maiden name <u>Thelma Haderlie</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Regley Ida #1</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Regley Ida #1</u>			
11. Color or race <u>white</u>				20. Color or race <u>white</u>			
12. Age at last birthday <u>25</u> (years)				21. Age at last birthday <u>22</u> (years)			
13. Birthplace (city or place) <u>Parkwayville, Illinois</u> (State or Country)				22. Birthplace (city or place) <u>Dona, Idaho</u> (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm.</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
16. Date (month and year) last engaged in this work <u>April</u> , 193 <u>8</u>				25. Date (month and year) last engaged in this work <u>April</u> , 193 <u>8</u>			
17. Total time (years) spent in this work <u>Life</u>				26. Total time (years) spent in this work <u>Life</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>							
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>2</u>							
29. If stillborn, period of gestation <u>7 months</u> { months or weeks				30. Cause of Stillbirth <u>?</u> { During labor _____ Before labor <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____

or _____

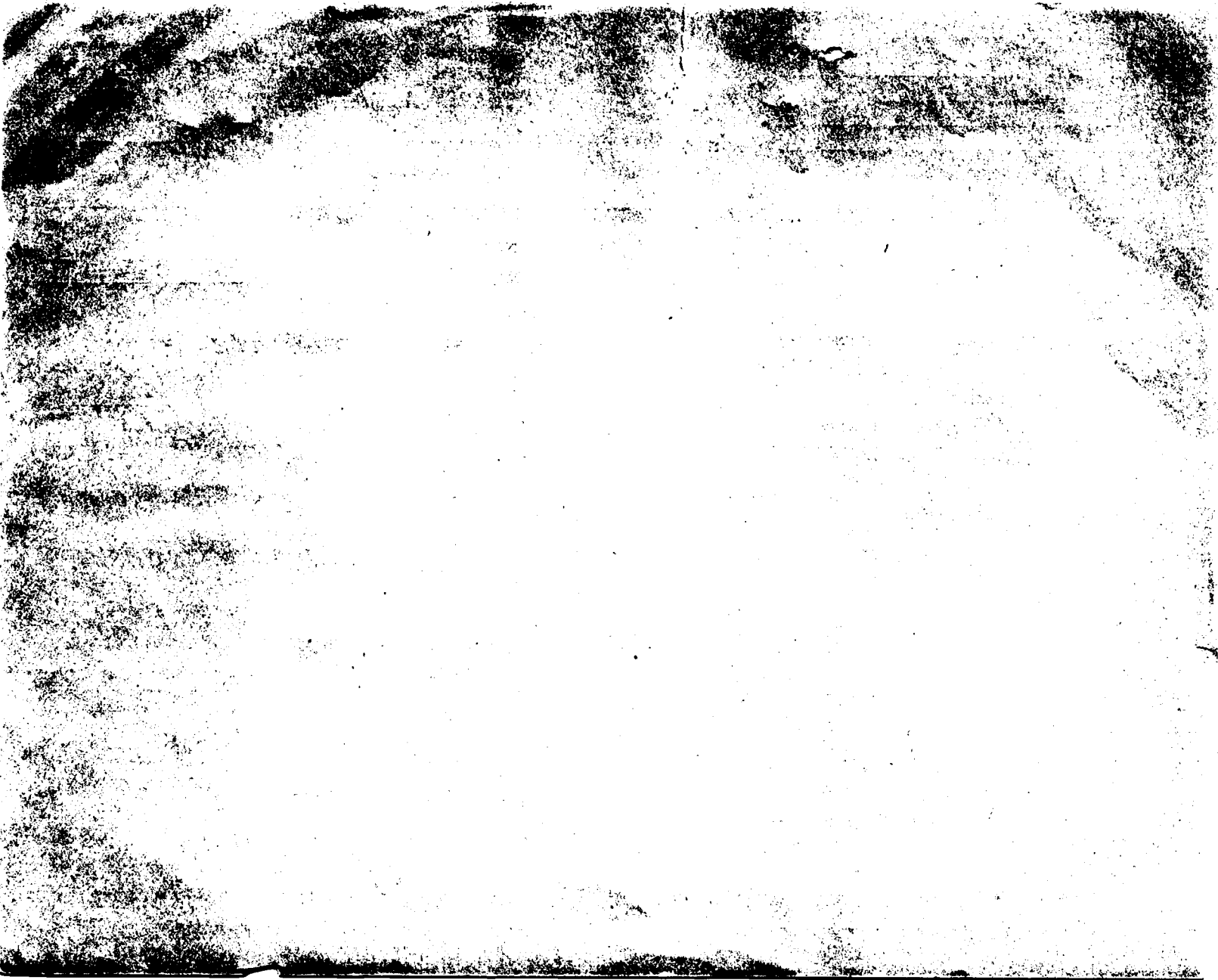
Address _____

Filed _____

MAY 10 1938

1938

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98
Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

109025

State File No. _____

Local Registrar's No. 20

(No _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

Baby Keller.

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of child
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 4/9/38

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Rigby,
(State or country) Idaho

13. NAME John Ivan Keller

14. BIRTHPLACE (city or town) Pinkneyville,
(State or country) Illinois

15. MAIDEN NAME Thelma Haderlie

16. BIRTHPLACE (city or town) Iona,
(State or country) Idaho

17. INFORMANT Orlando Tall m. J.
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date 4-9, 1938

19. UNDERTAKER none
(Address) _____

20. FILED MAY 10 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/9 1938

22 I HEREBY CERTIFY, That I attended deceased from 4/9/38 1938, to 4/9/38, 1938.

I last saw him live on 4/9/38 1938: death is said to have occurred on the date stated above, at 5:00 a. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Unknown Causes.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation deceased? _____ If so, specify _____

(Signed) Orlando Tall, M. D.(Address) Rigby, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

2

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 266205

MAY 11 1938

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. 1 St.

Registration District No. 18 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name)
2. FULL NAME OF CHILD Unnamed - Baby Newport

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth 1 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth 4/12 1938 (Month, Day, Year)

9. Full name FATHER
John Alvin Newport

18. Full maiden name MOTHER
Mattie Lloyd

10. Residence (usual place of abode)
(If non-resident, give place and State) Jerome

19. Residence (usual place of abode)
(If non-resident, give place and State) Jerome

11. Color or race W 12. Age at last birthday 42 years

20. Color or race W 21. Age at last birthday 37 years

13. Birthplace (city or place)
(State or Country) Springdale
Utah

22. Birthplace (city or place)
(State or Country) Spanish Fork
Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work 4/11 1938

25. Date (month and year) last engaged in this work 4/11 1938

17. Total time (years) spent in this work 24 yrs

26. Total time (years) spent in this work 18 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Nine { months or weeks 36 hrs

30. Cause of stillbirth unknown Before labor ✓ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn 45 6 8 pm on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Carlyle Ruil, M. D.

Give name added from a supplemental report _____

or _____, Midwife

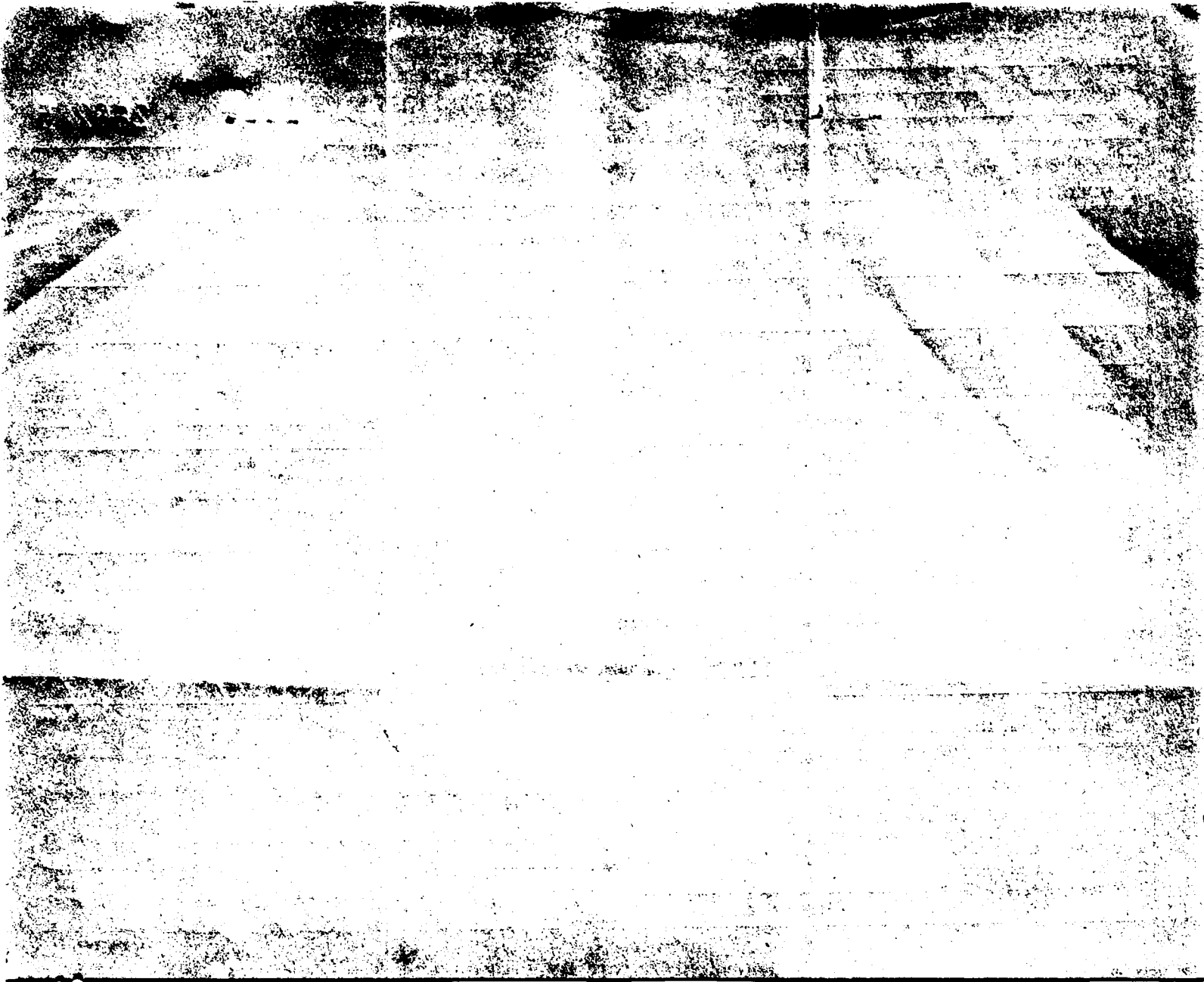
Address Jerome Idaho

Filed 4/13 1938 C. F. Zeller

(Date of) _____

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. 109026	
County of <u>Jerome</u>		Registration District No. <u>18</u>		Local Registrar's No. <u>215</u>	
City of <u>Jerome</u>		Primary Registration District No. <u>18</u>			
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Unnamed Baby Hepworth</u>					
(a) Residence. No. <u>Jerome, Idaho</u> St. _____					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
MAY 11 1938					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. Single, Married, Widowed, or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year)					
7. AGE Years		Months		Days	
<u>36</u>		<u>4</u>		<u>2</u>	
If LESS than 1 day, _____ hrs. or min.					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (month and year) _____					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) <u>Jerome, Idaho</u> (State or country)					
FATHER					
13. NAME <u>John A. Hepworth</u>					
14. BIRTHPLACE (city or town) <u>Springdale, Utah</u> (State or country)					
MOTHER					
15. MAIDEN NAME <u>Matthe Gladys</u>					
16. BIRTHPLACE (city or town) <u>Springdale, Utah</u> (State or country)					
17. INFORMANT <u>John A. Hepworth</u> (Address) <u>Jerome</u>					
18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 1938					
19. UNDERTAKER <u>D. D. Harrison</u> (Address) <u>Jerome, Idaho</u>					
20. FILED <u>4/15</u> , 1938 <u>C. F. Zeller</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>April 12 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to _____, 1938.					
I last saw him alive on _____, 1938. Death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>36 days of pregnancy</u>					
Date of onset _____					
Other contributory causes of importance: <u>untimely on birth cert</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938.					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____					
If so, specify _____					
(Signed) <u>Carolee Thiel</u> M. D.					
(Address) <u>Jerome</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. 702 S. Main St
Ala Britman Hosp
Registration District No. 61 State File No. 266262
(If born in hospital or institution give name.) Prim. Registration District No. 1001 Local Registrar's No. 610
2. FULL NAME OF CHILD Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth. _____ 6. Premature _____ 7. Legitimate? ✓ 8. Date of birth 4-21, 1938 (Month, Day, Year)

9. Full name FATHER Chas Burton Miller 18. Full maiden name MOTHER Alice Marguerite Grandfil

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Ida

11. Color or race White 12. Age at last birthday 34 (years) 20. Color or race White 21. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Thymmer Idaho 22. Birthplace (city or place) (State or Country) Moscow Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surveyor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Present, 19 _____ 17. Total time (years) spent in this work 1 yr. 25. Date (month and year) last engaged in this work Present, 19 _____ 26. Total time (years) spent in this work 1 yr.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term { months _____ or weeks _____ 30. Cause of Stillbirth { During labor bridged neck Before labor 3 hrs

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:30 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____

(Date of) _____

Registrar.

(Signed) Joseph G. Wilson, M. D.

or _____, Midwife

Address Moscow, Idaho

Filed 5-9-1938 F. J. Enhouse Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109056

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 340(No. Gutman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. 422 Astorwood

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) ✓

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) April 21-1898

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (mo. and yr.) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Moscow Ida
(State or country)

13. NAME Cleo Miller

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Alice Grendahl

16. BIRTHPLACE (city or town) Moscow Ida
(State or country)

17. INFORMANT Cleo Miller
(Address) 422 Astorwood-Moscow

18. BURIAL, CREMATION OR REMOVAL
Place Moscow Ida Date Apr. 21-1938

19. UNDERTAKER Home Funeral Parlor
(Address) Moscow Idaho

20. FILED 5-2-1938
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 4-2-193822. I HEREBY CERTIFY That I attended deceased from 4-21-1938 to 4-21-1938

I last saw him alive Still birth death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

Still birth
corp. around
He bled 3 times
extra uterine death
Other contributory causes of importance:

Date of onset

Name of operation none Date of
What test confirmed diagnosis? Shwab Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193.....

Where did injury occur? none
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Joseph S. Wilson M. D.(Address) Moscow, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
 County of Nez Perce
 City of Lewiston
 No. St Joseph's Hospital St.
 (If born in hospital or institution give name.)

2. FULL NAME OF CHILD Beverly Virginia Finney

3. Sex Female { 4. Twin, triplet, or other Twin 5. Number, in order of birth second 6. Premature no 7. Legitimate? yes 8. Date of birth 4-21, 1938
 (Month, Day, Year)

9. Full name FLOYD ALBERT FINNEY FATHER
 10. Residence (usual place of abode) Woodland Idaho
 (If non-resident, give place and State)
 11. Color or race W 12. Age at last birthday 27 (years)
 13. Birthplace (city or place) Woodland Idaho
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
 16. Date (month and year) last engaged in this work At Present, 1938
 17. Total time (years) spent in this work Ten

18. Full maiden name Evelyn Carol Skeels MOTHER
 19. Residence (usual place of abode) Woodland Idaho
 (If non-resident, give place and State)
 20. Color or race W 21. Age at last birthday 27 (years)
 22. Birthplace (city or place) Lewiston Idaho
 (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
 25. Date (month and year) last engaged in this work At Present, 1938
 26. Total time (years) spent in this work Three

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. NO. 1%
 28. Number of children of this mother (At time of this birth and including this child) 3
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn ONE

29. If stillborn, period of gestation Full Term { months or weeks
 30. Cause of stillbirth { Before labor. Prolapsd cord
 During labor. With Compression
Intrauterine Asphyxiation

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 7:10 p.m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Wm McRae, M. D.
 or _____, Midwife
 Address Lewiston, Idaho
 Filed May 9, 1938
Dr. C. C. C. C. Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Naz Perce.
City of Lewiston.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 10909

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 81

(No. St Joseph Hospital.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Beverly Virginia Finney.

(a) Residence. No. Woodland, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. Color or Race White. 5. Single, Married, Widowed or Divorced (write the word) Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
April 21st, 1938.

7. AGE Years Months Days If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

MOTHER FATHER

13. NAME Floyd Finney,

14. BIRTHPLACE (city or town) Woodland,
(State or country) Idaho.

15. MAIDEN NAME Evelyn Skeels,

16. BIRTHPLACE (city or town) Lewiston,
(State or country) Idaho.

17. INFORMANT Floyd Finney,
(Address) Woodland, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho. Date April 22, 1938.

19. UNDERTAKER Brower-Wann Company,
(Address) Lewiston, Idaho.

20. FILED Apr 27, 1938 M. H. Coker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) April 21st, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-21 1938, to 4-21 1938

I last saw her stillborn 4-21 1938: death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Prolapsed umbilical cord with compression of cord

Date of onset
4-21-38

Other contributory causes of importance:

None

Name of operation None Date of Clinical Findings
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 193—

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) M. H. Coker M. D.
(Address) Lewiston, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1924

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston Idaho
No. _____ St. _____
St Joseph's Hospital
(If born in hospital or institution give name.)
Registration District No. 1009 State File No. _____
Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Carolee Gayle Galkins Still born

3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>4-29</u> , <u>1938</u> (Month, Day, Year)
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9. Full name <u>Charles O Galkins</u>	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Culdesac Idaho</u>	11. Color or race <u>W</u>	12. Age at last birthday <u>28</u> (years)	13. Birthplace (city or place) (State or Country) <u>Grangeville Idaho</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	18. Full maiden name <u>Mabel Blewett</u>
19. Residence (usual place of abode) (If non-resident, give place and State) <u>Culdesac Idaho</u>	20. Color or race <u>W</u>	21. Age at last birthday <u>29</u> (years)	22. Birthplace (city or place) (State or Country) <u>Gifford Idaho</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 8 { months or weeks }
30. Cause of Stillborn { Before labor yes During labor _____

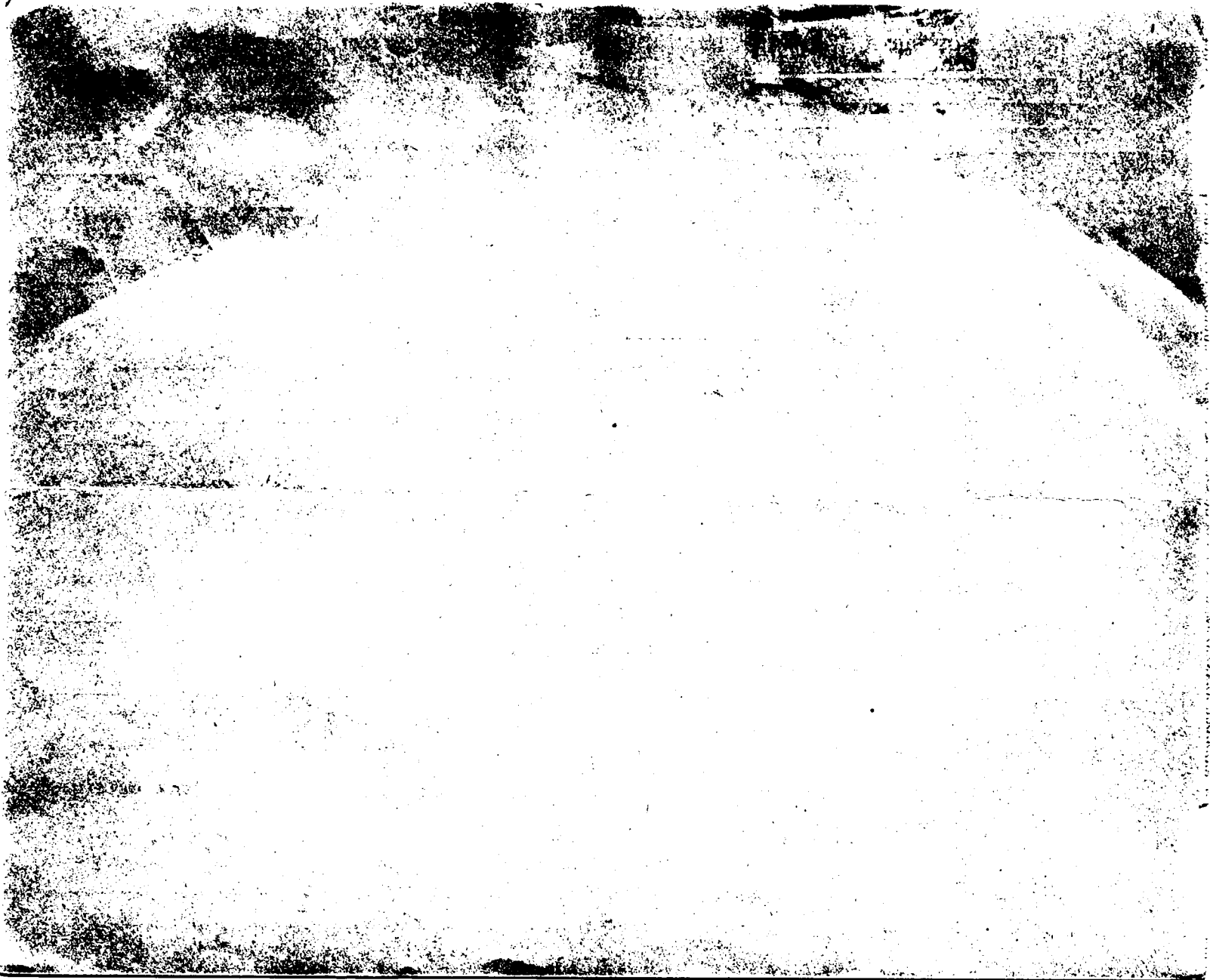
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was dead 3:00 at p m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Carl Gustafson, M. D.
or _____, Midwife
Address Lewiston Idaho
Filed May 9, 1938
M. L. Cuskey Registrar.

(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

County of Lewis
City of Lewiston

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10910

Registration District No. 1009

Primary Registration District No. 96

Local Registrar's No. 86

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Crales Gale Calkins

(a) Residence No. _____ St. Caldesac, Ida.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr 29, 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
Premature

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewiston
(State or country) Ida.

13. NAME C. O. Calkins

14. BIRTHPLACE (city or town) Grangeville
(State or country) Ida.

15. MAIDEN NAME Mable Blewitt

16. BIRTHPLACE (city or town) Gifford
(State or country) Ida.

17. INFORMANT Mr. C. O. Calkins
(Address) Caldesac, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Gifford, Ida. Date 4/30, 1938

19. UNDERTAKER H. R. Merchant
(Address) Clarkston, Wash.

20. FILED Apr 30, 1938 M. H. Caskey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 4/29 1938

22 I HEREBY CERTIFY That I attended deceased from April 29, 1938, to April 29, 1938.
I last saw him alive on _____ 1938: death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurely Still Born

Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) R. H. Scott M. D.

(Address) Lewiston, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Oreida</u>		MAY 18 1938		CERTIFICATE OF BIRTH		266367	
City of <u>Malad</u>		Registration District No. <u>26</u>		State File No. <u>32</u>			
No. <u>Community Hosp</u> St.		Prim. Registration District No. <u>2069</u>		Local Registrar's No. <u>32</u>			
(If born in hospital or institution give name)		<u>Stillbirth</u>		<u>Rueggesser</u>			
2. FULL NAME OF CHILD							
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Apr 10, 1938</u> (Month, Day, Year)			
9. Full name <u>R. John Rueggesser</u> FATHER		18. Full maiden name <u>Delma Morgan</u> MOTHER					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Malad</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Malad</u>					
11. Color or race <u>W</u>		12. Age at last birthday <u>23</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Providence Utah</u>		22. Birthplace (city or place) (State or Country) <u>Malad, Ida</u>					
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.				
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.				
	16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>✓</u>							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor Before labor					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5 15</u> p. m. on the date above stated. (Born Alive or Stillborn)							
(Signed) <u>Marion J. Kerns</u> , M. D.							
or _____, Midwife							
Address <u>Malad</u>							
Filed <u>Apr 30</u> , 1938 <u>M. J. Kerns</u>							
Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



ALL B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Oneida</u>		CERTIFICATE OF DEATH Registration District No. Primary Registration District No. Local Registrar's No. <u>13</u>		State File No. <u>10950</u>	
City of <u>Malad</u>					
(No. <u>Malad Community Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number.)					
2. FULL NAME <u>Stillborn Ruegsegger</u>					
(a) Residence. No. <u>Malad Idaho</u> St. (Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Stillborn</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>April 10 1938</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>					
MOTHER FATHER					
13. NAME <u>Rudolph John Ruegsegger</u>					
14. BIRTHPLACE (city or town) <u>Providence</u> (State or country) <u>Utah</u>					
15. MAIDEN NAME <u>Delma Morgan</u>					
16. BIRTHPLACE (city or town) <u>Malad</u> (State or country) <u>Idaho</u>					
17. INFORMANT (Address) <u>R. John Ruegsegger</u> <u>Malad Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Malad Idaho</u> Date <u>Apr 11 1938</u>					
19. UNDERTAKER (Address) <u>J. Guy Kerns</u> <u>Malad Idaho</u>					
20. FILED <u>Apr 30, 1938</u> <u>M. J. Kerns</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Apr 10 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 5 10, 1938</u> , to <u>Apr 10 1938</u> . I last saw him alive on <u>Apr 10, 1938</u> ; death is said to have occurred on the date stated above, at <u>Malad</u> . The principal cause of death and related causes of importance were as follows: <u>Prematurity, 6 mo</u> <u>Hydrocephalus</u> <u>Mother had a syphilis</u> Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis?..... Was there an autopsy?.....					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 193.. Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury..... Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>Marion J. Kerns</u> , M. D. (Address) <u>Malad Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. _____ St. _____
Registration District No. 123 State File No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 266411

(If born in hospital or institution give name.) Prim. Registration District No. 2201 Local Registrar's No. 60

2. FULL NAME OF CHILD Baby Davis - Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Apr. 14, 1938 (Month, Day, Year)

9. Full name FATHER Gordon Davis 18. Full maiden name MOTHER Addie Evans

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida 19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg, Ida

11. Color or race W 12. Age at last birthday 48 (years) 20. Color or race W 21. Age at last birthday 41 (years)

18. Birthplace (city or place) (State or Country) Kansas 22. Birthplace (city or place) (State or Country) Wash

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smelter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. foreman 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

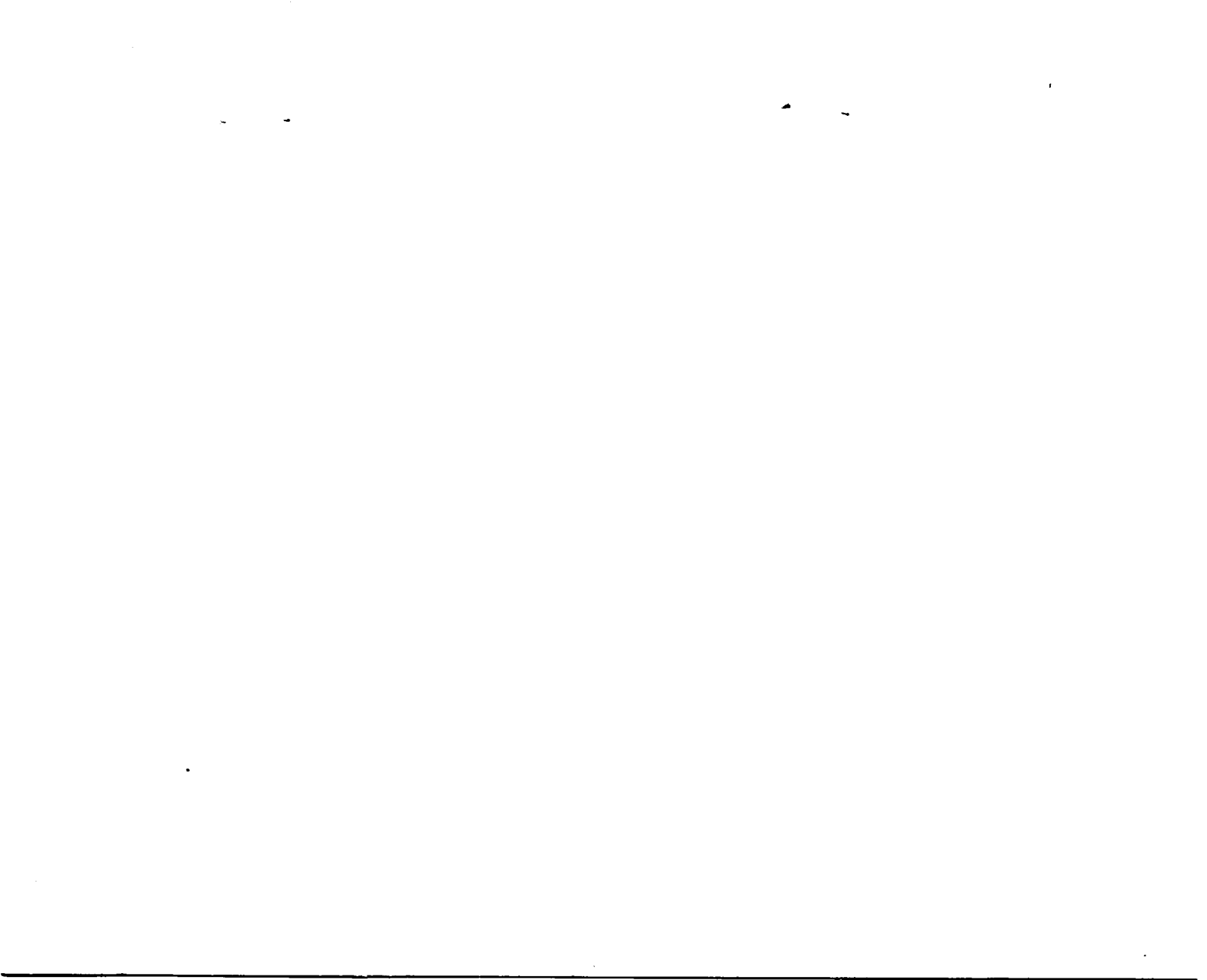
28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8 P. m. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) W. L. Lindsay, M. D.
or _____, Midwife
Address Kellogg, Idaho
Filed May 16, 1938 Mrs. Helen M. B. B. B. Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Keelogg
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 123

Primary Registration District No. 2201

DO NOT WRITE IN THIS SPACE

State File No. 109115

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Keelogg Davis (Stillborn) ²¹⁵

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Apr. 14, 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Keelogg
(State or country)

13. NAME Gordon Davis

14. BIRTHPLACE (city or town) Caney
(State or country) Kansas

15. MAIDEN NAME Addie Evans

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Gordon Davis
(Address) Keelogg Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Keelogg Date Apr. 16, 1938

19. UNDERTAKER Reble Thompson
(Address) Keelogg Idaho

20. FILED May 10, 1938 Not. Public Health
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr. 14, 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h_____ alive on _____ 193____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

transpiration during delivery

Other contributory causes of importance:

umbilical cord around neck twice

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) S. H. Sperry M. D.

(Address) Keelogg Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

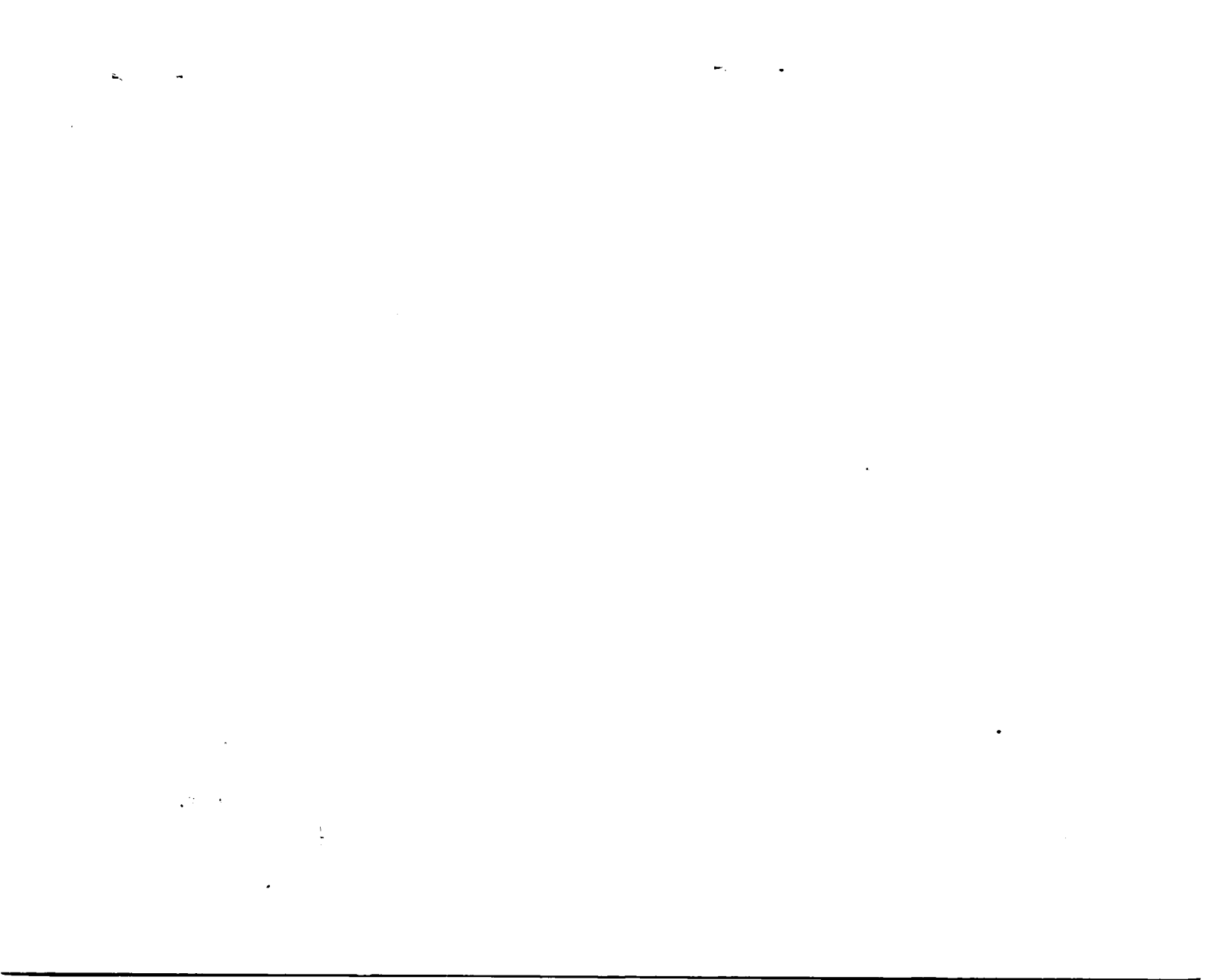
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Shoshone</u>		CERTIFICATE OF BIRTH S 266414	
City of <u>Kellogg</u>		Registration District No. <u>123</u> State File No. <u>63</u>	
No. <u>837 So. 20th</u>	St.	Prim. Registration District No. <u>2201</u> Local Registrar's No. <u>63</u>	
(If born in hospital or institution give name.) <u>Baby Walker - Stillborn</u>			
2. FULL NAME OF CHILD			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>
	5. Number, in order of birth _____	Full term _____	8. Date of birth <u>April 23, 1938</u> (Month, Day, Year)
9. Full name FATHER <u>Ray Walker</u>		18. Full maiden name MOTHER <u>Velma Chasum</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kellogg</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>25</u> (years)		21. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Missouri</u>		22. Birthplace (city or place) (State or Country) <u>Missouri</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>8 months</u>		30. Cause of Stillbirth <u>Premature detachment of placenta</u> (a) During labor _____ (b) Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5:15 P.</u> m. on the date above stated. (Born alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			
Give name added from a supplemental report _____			
(Date of) _____			
Registralr. _____			
(Signed) <u>W. C. Lindsay</u> , M. D. or _____, Midwife Address <u>Kellogg, Idaho</u> Filed <u>May 10, 1938</u> <u>M. T. Bride</u> Registralr. _____			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH County of <u>Shoshone</u> City of <u>Kellogg</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE State File No. <u>109526</u>						
MAY 21 1938		Registration District No. <u>123</u>		Primary Registration District No. <u>2201</u> Local Registrar's No. <u>22</u>						
(If death occurred in a hospital or institution, give its name instead of street and number)										
2. FULL NAME <u>Baby Walker (Stillborn)</u> r15										
(a) Residence No. _____		St. _____								
(Usual place of abode)		(If nonresident give city or town and state)								
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.										
PERSONAL AND STATISTICAL PARTICULARS.										
3. SEX <u>M.</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>								
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____										
6. DATE OF BIRTH (month, day, and year) <u>April 23, 1938</u>										
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.						
OCCUPATION										
						8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
						9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
						10. Date deceased last worked at this occupation (mo. and yr.) _____				
11. Total time (years) spent in this occupation _____										
12. BIRTHPLACE (city or town) <u>Kellogg</u> (State or country) <u>Idaho</u>										
MOTHER										
						13. NAME <u>Roy Walker</u>				
						14. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)				
						15. MAIDEN NAME <u>Elma Carwin</u>				
16. BIRTHPLACE (city or town) <u>Missouri</u> (State or country)										
17. INFORMANT <u>Roy Walker</u> (Address) <u>Kellogg, Ida</u>										
18. BURIAL, CREMATION OR REMOVAL Place <u>Kellogg, Ida</u> Date <u>Apr 29, 1938</u>										
19. UNDERTAKER <u>M. L. Thornberry</u> (Address) <u>Kellogg, Ida</u>										
20. FILED <u>May 18, 1938</u> <u>M. L. Thornberry</u> Registrar.										
MEDICAL CERTIFICATE OF DEATH										
21. DATE OF DEATH (month, day and year) <u>April 23, 1938</u> 7PM										
22. I HEREBY CERTIFY, That I attended deceased from <u>at Birth</u> , 193____.										
I last saw h. _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.										
The principal cause of death and related causes of importance were as follows:										
<u>Premature de- tachment of placenta</u>					Date of onset _____					
Other contributory causes of importance:										
<u>Severe fall 2 days previously. Mother</u>										
Name of operation _____ Date of _____										
What test confirmed diagnosis? _____ Was there an autopsy? _____										
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____.										
Where did injury occur? _____ (Specify city or town, county, and state)										
Specify whether injury occurred in industry, in home, or in public place. _____										
Manner of injury _____										
Nature of injury _____										
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____										
(Signed) <u>W. C. Lindsey</u> , M. D.										
(Address) <u>Kellogg, Ida</u>										

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Garson Ave St. Provident Hospital
(If born in hospital or institution give name.)

MAY 3 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 266432

Registration District No. 70 State File No. 69
Prim. Registration District No. 1011 Local Registrar's No. 69

2. FULL NAME OF CHILD Baby Girl Jolgers - Stillborn

3. Sex F If plural births { 4. Twin, triplet, or other _____ 6. Premature 2 wks 7. Legitimate? yes 8. Date of birth April 2, 1938
(Month, Day, Year)

9. Full name FATHER Henry Cornelius Jolgers 18. Full maiden name MOTHER Lela Davis

10. Residence (usual place of abode) (If non-resident, give place and State) Rose Lake 19. Residence (usual place of abode) (If non-resident, give place and State) Rose Lake

11. Color or race W 12. Age at last birthday 44 (years) 20. Color or race W 21. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Idaho 22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Self</u>
	16. Date (month and year) last engaged in this work _____ 19 _____		25. Date (month and year) last engaged in this work _____ 19 _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation 8 1/2 months months or weeks _____ 30. Cause of Stillbirth _____
{ Before labor Distention
{ During labor Cord acc

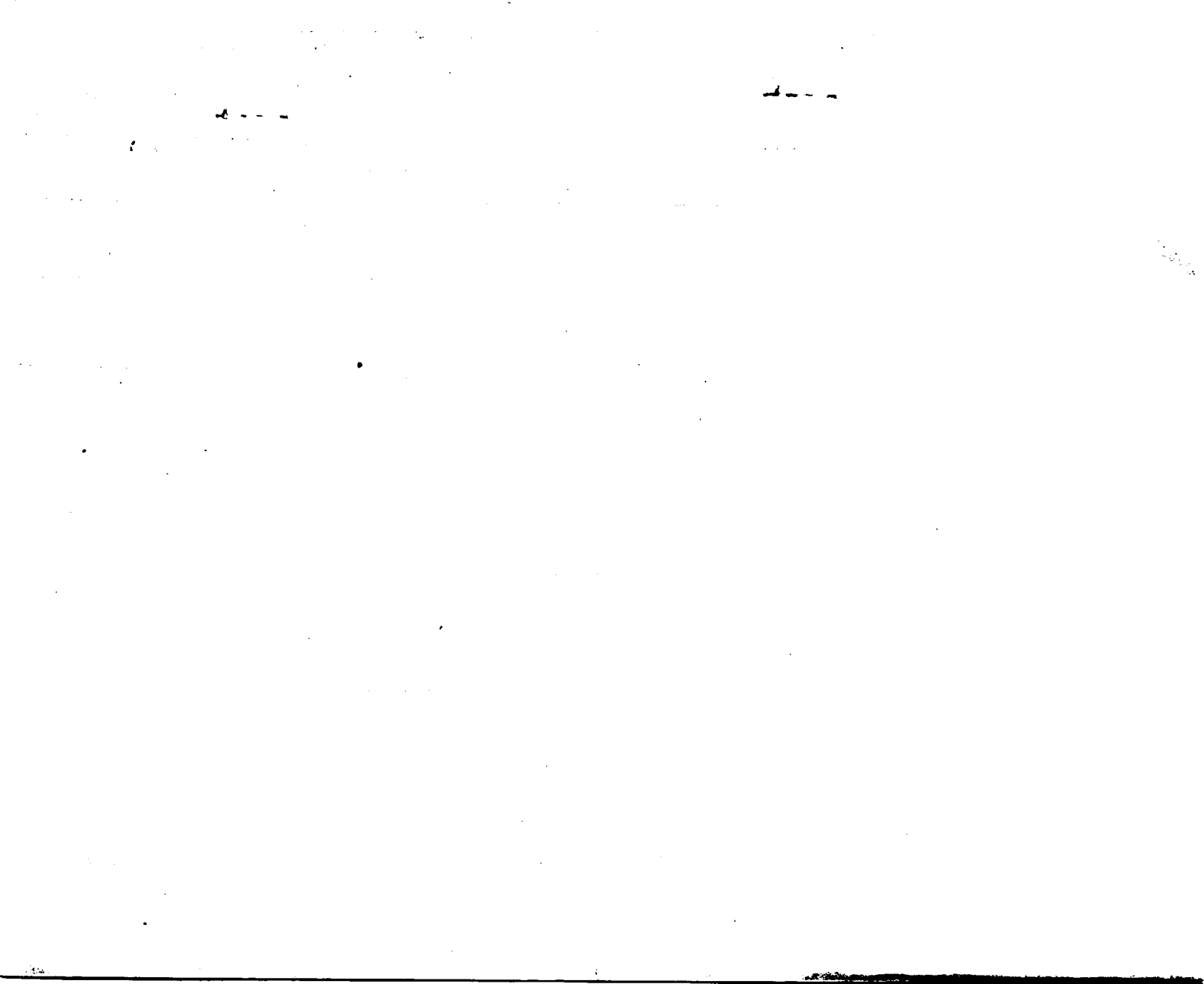
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:15 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) W. J. Searles, M. D.
or _____ Midwife
Address Wallace, Idaho
Filed Apr 27, 1938 John A. Bevan Registrar.

Registrar.



PLACE OF DEATH

County of Shoshone
City of WallaceSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109131Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 50(No. Woodhouse Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Edley Earl Polgen

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Apr 21 - 19387. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Ida.13. NAME EC. Polgen14. BIRTHPLACE (city or town) Minim
(State or country)15. MAIDEN NAME Clara Davis16. BIRTHPLACE (city or town) Minim
(State or country)17. INFORMANT EC. Polgen
(Address) Wallace, Ida.18. BURIAL, CREMATION OR REMOVAL
Place Wallace, Ida. Date Apr 23, 193819. UNDERTAKER J. I. Brier (Woods)
(Address) Wallace, Ida.20. FILED Apr 22, 1938
Registrar. John Brier

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 21 193822 I HEREBY CERTIFY That I attended deceased from Apr. 21, 1938, to Apr. 21, 1938I last saw h. alive on _____ 1938: death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
(Not in Card)
Apr. 15th
1938

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? Yes If so, specify _____(Signed) Edley Earl Polgen M. D.(Address) Wallace, Ida.

should be carefully supplied. See statute on back of certificate. Exact statement of OCCUPATION is very important. plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

RECEIVED

MAY 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

266461

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. _____ St. _____

Registration District No. 37 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1085 Local Registrar's No. 182

2. FULL NAME OF CHILD

Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature ☒ 7. Legiti-
mate? yes 8. Date of birth 3/31, 1938
(Month, Day, Year)

9. Full name FATHER Ralph Shepard
10. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 48 (years)
13. Birthplace (city or place) Utah
(State or Country)

18. Full maiden name MOTHER Sylvia Priest
19. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 40 (years)
22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Homemaker
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 6 mo. { months or weeks 30. Cause of stillbirth ? { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 P. m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Dr. J. B. Drake, M. D.
or _____, Midwife
Address Twin Falls

(Date of)

Filed 5-7, 1938

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10914

RECEIVED
MAY 13 1938

Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 62(No. End of Popular Ave)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Shepard (Stillborn)

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 3-31-1938

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

13. NAME Ralph Shepard

14. BIRTHPLACE (city or town) Richmond
(State or country) Utah

15. MAIDEN NAME Sylvia Priest

16. BIRTHPLACE (city or town) Taylorville
(State or country) Idaho

17. INFORMANT Mrs. Ralph Shepard
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Ida Date 4-2, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 1-4 1938 [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 3-31-1938

22 I HEREBY CERTIFY That I attended deceased from 3-31, 1938, to 3-31, 1938

I last saw h alive on 3-31, 1938; death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No, specify _____

(Signed) [Signature] M. D.(Address) Twin Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

PLACE OF BIRTH

RECEIVED

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 266639

JUN 7 1938

1. County of Ada
City of Boise
No. St. Lukes Hospital St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 1
Prim. Registration District No. 1004 Local Registrar's No. 365

2. FULL NAME OF CHILD Robert Eugene Hendry (Stillborn)
3. Sex M If plural { 4. Twin, triplet, or other ✓ 6. Premature yes 7. Legiti- 8. Date of birth Mar. 31, 1938
births { 5. Number, in order of birth ✓ Full term no mate? yes (Month, Day, Year)

9. Full name FATHER Merriel Hendry
10. Residence (usual place of abode) 712 - 17th Ave. S.
(If non-resident, give place and State) Boise, Idaho
11. Color or race W. 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Utah
(State or Country)

18. Full maiden name MOTHER Ruth L. Lakey
19. Residence (usual place of abode) 712 - 17th Ave. South
(If non-resident, give place and State) Boise, Idaho
20. Color or race W. 21. Age at last birthday 24 (years)
22. Birthplace (city or place) Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. for Idaho Power Co.
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hw.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn yes
29. If stillborn, 7 1/2 months { months or weeks 30. Cause of Stillbirth cord around neck { Before labor 5 weeks
period of gestation 7 1/2 months { 4 tissues During labor before

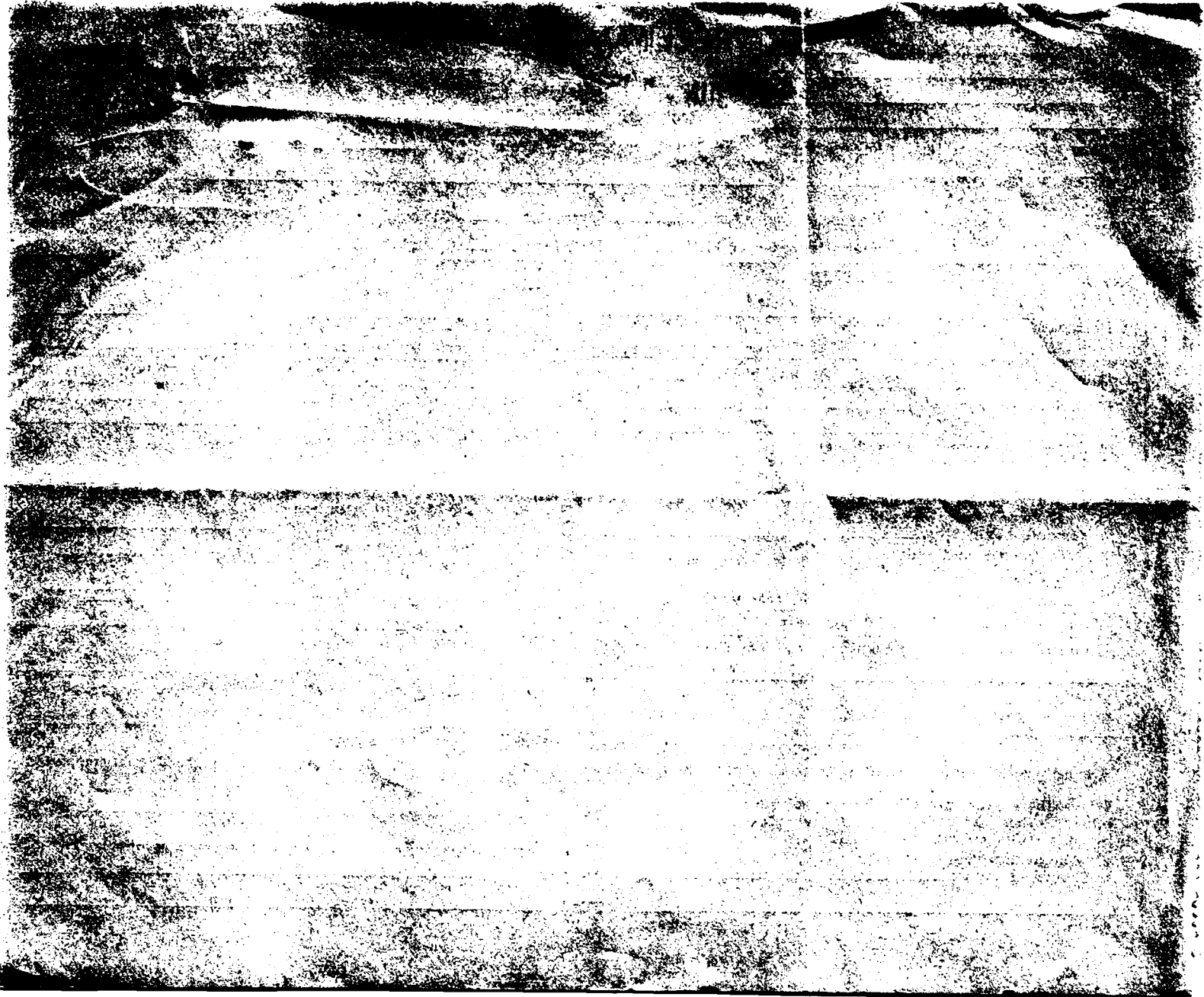
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 6 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

(Signed) A. J. Coate, M. D.
or _____, Midwife
Address Boise, Idaho
Filed 5-27-38 R. Sharp
Registrar. Registrar.

10852



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1804(No. St. Lukes hospital)

death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Robert Eugene Hendry(a) Residence No. 712 17th Ave. South

(Usual place of abode)

St. Nampa, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word <u>Baby</u>)
-----------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 3-31-1938

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
<u>Stillborn</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation
--	---

12. BIRTHPLACE (city or town) Boise.
(State or country) Idaho13. NAME Merriel Hendry14. BIRTHPLACE (city or town) Wellesville.
(State or country) Utah15. MAIDEN NAME Ruth L. Lakey16. BIRTHPLACE (city or town) Soda Springs.
(State or country) Idaho17. INFORMANT Merriel Hendry
(Address) Nampa, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 4-1-1938, 193__19. UNDERTAKER William McBratney
(Address) Boise, Idaho20. FILED 4-2, 193__ 8 R. Sharp
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 108820Local Registrar's No. 103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 3-31-1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193__, to _____, 193__

I last saw h_____ alive on _____ 193__: death is said to have occurred on the date stated above, at 6:05 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
Premature
6 weeks before birth
Other contributory causes of importance Corporal around neck 4 times
malnourished

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) aj. Coats, M. D.

(Address _____)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Call
S 266761
Call

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital

Registration District No. 28 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2161 Local Registrar's No. 729

2. FULL NAME OF CHILD Baby Boy Watson - Shelborn

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>5-14</u> , 19 <u>38</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name <u>Thurman Albert Watson</u>	18. Full maiden name <u>Helma Clarice Hansen</u>
--	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>823 North Main</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>823 North Main</u>
---	---

11. Color or race <u>white</u>	12. Age at last birthday <u>24</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>17</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Pocatello, Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Forrest City, Idaho</u>
--	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>w.p.a.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
	16. Date (month and year) last engaged in this work <u>1938</u>		17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Neo Silvol 20%

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living 0. (b) Born alive but now dead 0. (c) Stillborn 1

29. If stillborn, period of gestation <u>5 1/2 months</u> months or weeks	30. Cause of Stillbirth _____ Before labor <u>yes</u> During labor _____
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:25 p.m. of the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
or _____, M. D.
Address Pocatello, Ida

Filed 6-6, 1938 Delay

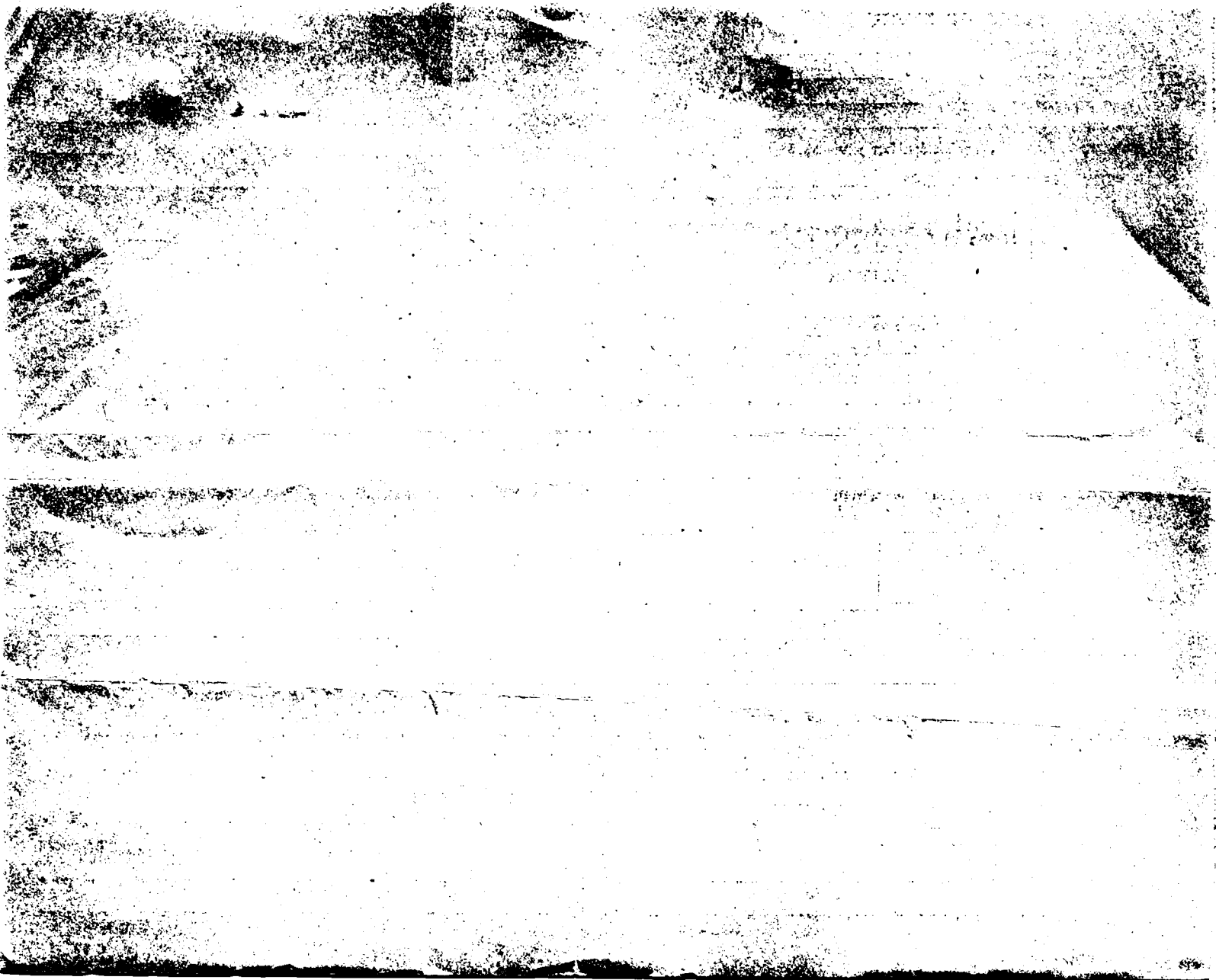
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Oxford, Idaho</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <big>S</big> <big>266780</big>	
(If born in hospital or institution give name.)		Registration District No. <u>23</u>	State File No. _____
2. FULL NAME OF CHILD <u>Baby Boy Hatch - Stillborn</u>		Prim. Registration District No. <u>2140</u>	Local Registrar's No. <u>23</u>
3. Sex <u>M.</u>	If plural births { 4. Twin, triplet, or other <u>other</u> 5. Number, in order of birth <u>one</u>	6. Premature <u>NO.</u> Full term <u>YES.</u>	7. Legitimate? <u>No.</u>
9. Full name <u>FATHER</u> <u>Matt Jones</u>		8. Date of birth <u>May 22, 1938</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Fort Hall, Ida.</u>		18. Full maiden name <u>MOTHER</u> <u>Eunice Hatch</u>	
11. Color or race <u>W.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Oxford, Idaho.</u>	
12. Age at last birthday <u>19</u> (years)		20. Color or race <u>W.</u>	
13. Birthplace (city or place) (State or Country) <u>Petersburg, Kentucky.</u>		21. Age at last birthday <u>21</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming.</u>	OCCUPATION	22. Birthplace (city or place) (State or Country) <u>Oxford, Idaho.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper.</u>
	16. Date (month and year) last engaged in this work <u>At present, 1938</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Parents home.</u>
17. Total time (years) spent in this work <u>all life</u>		25. Date (month and year) last engaged in this work <u>At present, 1938</u>	
26. Total time (years) spent in this work <u>all life.</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>Nine months.</u> { months or weeks	
30. Cause of Stillbirth { During labor <u>none.</u> Before labor <u>Eclampsia.</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8:00 A.M.</u> on the date above stated. (Born Alive or Stillborn)	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) <u>M. D.</u>
Give name added from a supplemental report _____	or _____, Midwife
(Date of) _____	Address <u>Preston, Idaho.</u>
Registrar. _____	Filed <u>June 6, 1938</u> <u>Mary C. Coffin</u> Registrar.



N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>	City of <u>Oxford</u>	CERTIFICATE OF DEATH		State File No. <u>109246</u>	
JUN 4 1938		Registration District No. <u>83</u>	Primary Registration District No. <u>2160</u>		Local Registrar's No. <u>215</u>
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby boy Hatch</u>					
(a) Residence. No. <u>Oxford</u> St. <u></u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>					
6. DATE OF BIRTH (month, day, and year) <u>May 22 1935</u>					
7. AGE <u>stillborn</u>		Years	Months	Days	If LESS than 1 day... hrs. or <u>none</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>baby</u>				
	9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) <u>Oxford Idaho</u> (State or country)					
MOTHER/FATHER	13. NAME <u>Matt Jones</u>				
	14. BIRTHPLACE (city or town) <u>Fort Hall Idaho</u> (State or country)				
	15. MAIDEN NAME <u>Eunice Hatch</u>				
	16. BIRTHPLACE (city or town) <u>Oxford Idaho</u> (State or country)				
17. INFORMANT <u>Eunice Hatch</u> (Address) <u>Oxford</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Oxford Idaho</u> Date <u>5-22</u> , 1938					
19. UNDERTAKER <u>Eunice Hatch</u> (Address) <u>Oxford Idaho</u>					
20. FILED <u>June 6, 1938</u> <u>St. Paul, Minn.</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>May 22</u> 1938					
22. I HEREBY CERTIFY, That I attended deceased from <u>2 8-22</u> , 1938, to <u>5-22</u> , 1938.					
I last saw him alive on <u>never</u> , 1938; death is said to have occurred on the date stated above, at <u>none</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					Date of onset <u>1935</u>
Other contributory causes of importance: <u>Eclampsia of mother 1935</u>					
Name of operation <u>none</u> Date of <u>22</u>					
What test confirmed diagnosis? <u>no</u> Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury, 1938.					
Where did injury occur? <u>no</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u>no</u>					
Manner of injury <u>no</u>					
Nature of injury <u>no</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u>no</u>					
(Signed) <u>W. H. Dargatz</u> , M. D.					
(Address) <u>Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *scap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of birth stated, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Fort Hall Idaho
No. _____ St. _____
Agency Hospital

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 266854

Registration District No. 121-R State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2194-R Local Registrar's No. 159

2. FULL NAME OF CHILD Baby Boy LaRose

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
5. Number, in order of birth. _____ Full term X mate? Yes 8. Date of birth May 21, 1938
(Month, Day, Year)

9. Full name Albert LaRose FATHER

18. Full maiden name Mary Kniffen MOTHER

10. Residence (usual place of abode) Fort Hall Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Fort Hall Idaho
(If non-resident, give place and State)

11. Color or race Sho. I/2 12. Age at last birthday 24 (years)

20. Color or race Sho. I/2 21. Age at last birthday 23 (years)

13. Birthplace (city or place) Fort Duchesne, Utah
(State or Country)

22. Birthplace (city or place) Fort Hall, Idaho.
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Fort Hall Agency

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Present, 19____ 17. Total time (years) spent in this work 2

25. Date (month and year) last engaged in this work Present, 19____ 26. Total time (years) spent in this work I

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother I (At time of this birth and including this child)
(a) Born alive and now living. 0 (b) Born alive but now dead. 0 (c) Stillborn I

29. If stillborn, period of gestation 9 mos. { months or weeks

30. Cause of Stillbirth Asphyxia Neonatorum { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:30 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Norman W. Schweitzer, M. D.
Agency Physician,

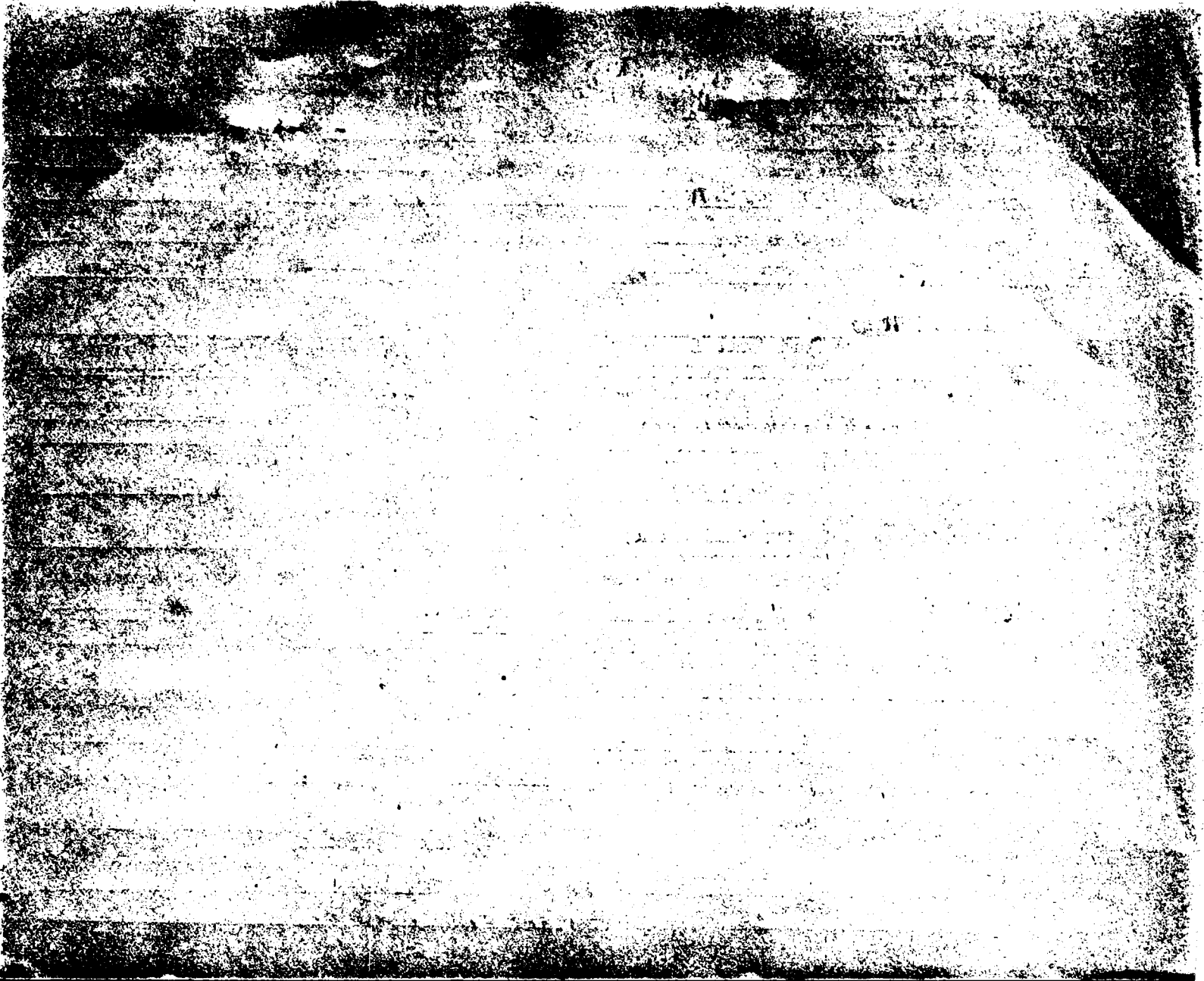
or _____, Midwife

Address Fort Hall, Idaho.

Filed June 4, 1938, 1938 Mrs. Helen E. Farnie

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of **Bingham**
City of **Fort Hall, Idaho.**

RECEIVED
JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. **121-R**
Primary Registration District No. **2194-R**
(No. **Fort Hall Agency Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Baby Boy LaRose.**

(a) Residence No. **Fort Hall, Idaho.**

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX **Male** 4. Color or Race **Shoshone Ind. 1/2** 5. Single, Married, Widowed or Divorced (write the word) **Single**
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of **31**
6. DATE OF BIRTH (month, day, and year) **May 28, 1938**
7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Fort Hall, Idaho**
(State or country)

13. NAME **Albert LaRose**

14. BIRTHPLACE (city or town) **Fort Duchesne, Utah**
(State or country)

15. MAIDEN NAME **Mary Kniffen**

16. BIRTHPLACE (city or town) **Fort Hall, Idaho**
(State or country)

17. INFORMANT **Hospital Records**
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place **Mission Cem.** Date **May 22, 1938**

19. UNDERTAKER **Mc.Han's.**
(Address) **Pocatello, Idaho.**

20. FILED **June 4, 1938**
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. **109281**

Local Registrar's No. **77**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **5-21-1938**

22 I HEREBY CERTIFY, That I attended deceased from **May 21**, 193**8**, to **May 21**, 193**8**

I last saw **Stillborn** **1938**: death is said to have occurred on the date stated above, at **4:15 P.** m.

The principal cause of death and related causes of importance were as follows:

Asphyxia Neonatorum

Date of onset

May 21

Other contributory causes of importance:

Prolonged Labor.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation or deceased? If so, specify.

Signed **Ernest M. Schweitzer, M. D.**
(Address) **Fort Hall, Idaho**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 7 1938

CERTIFICATE OF BIRTH S266861

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot, Idaho
No. Beck Hospital St. Peckes Bldg

Registration District No. 121 State File No. _____

Prim. Registration District No. 1007 Local Registrar's No. 152

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Shayon Howe (Stillborn)

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth May 26 1938 (Month, Day, Year)

9. Full name FATHER Weston W. Howe

10. Residence (usual place of abode) (If non-resident, give place and State) #412 C Court

11. Color or race W 12. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Moreland, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own shop

16. Date (month and year) last engaged in this work Present, 1938 17. Total time (years) spent in this work 5 yrs

18. Full maiden name MOTHER Quendolyn Simpson

19. Residence (usual place of abode) (If non-resident, give place and State) #412 C Court

20. Color or race W 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Blackfoot, Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work Present, 1938 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo { months 0 or weeks _____ 30. Cause of stillbirth { Before labor no During labor yes collapse of cord

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:45 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) W. W. Beck, M. D.

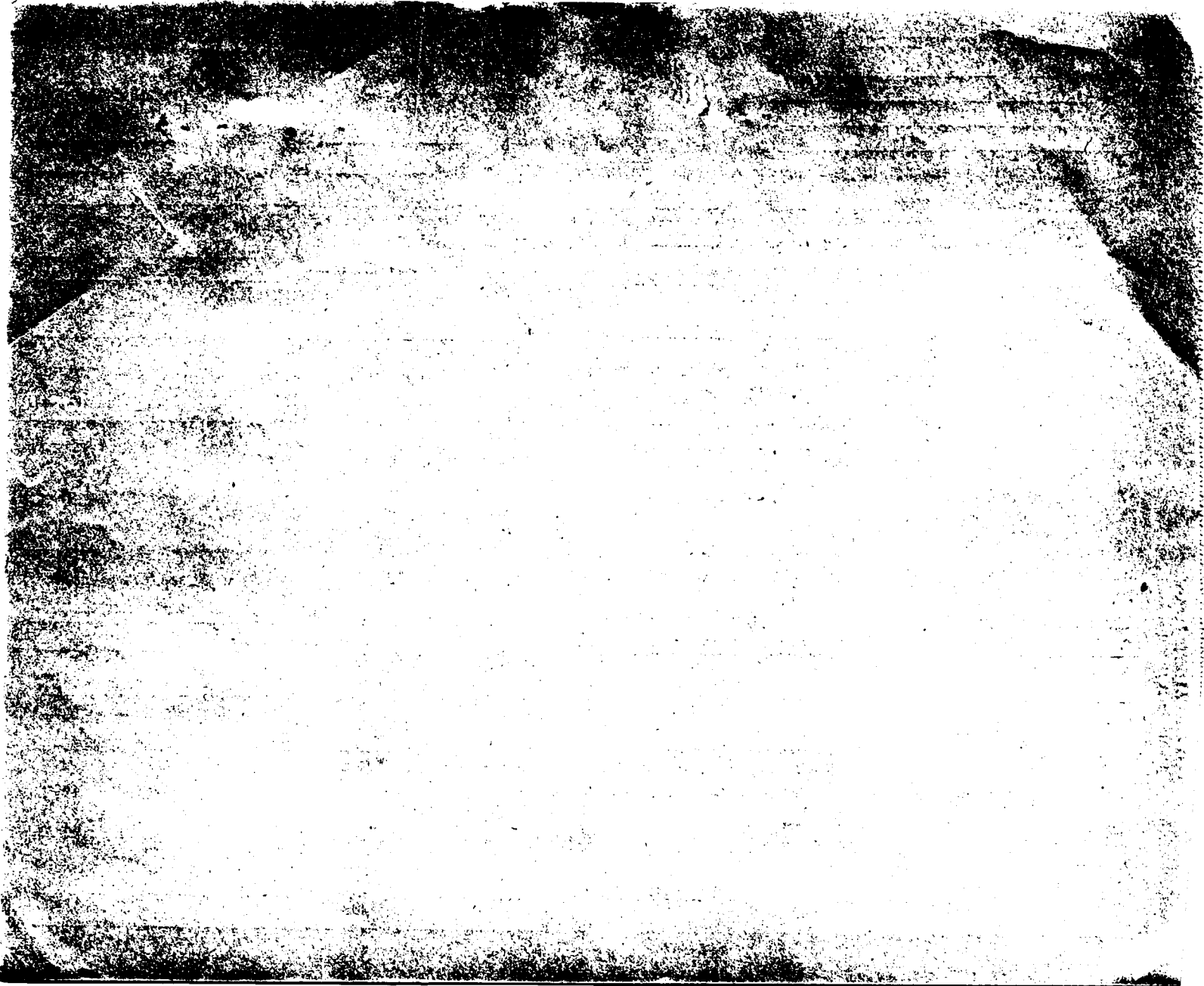
or _____, Midwife

Address Blackfoot, Idaho

Filed June 5, 1938 Mr. Walter E. Lounie

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BinghamCity of Blackfoot

RECEIVED

JUN 7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH -

Registration District No. 121Primary Registration District No. 1007(No. Buch Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sharon Lowe(a) Residence No. 412 E. Court St.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the words) Single

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 29, 1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.13. NAME Weston W. Lowe14. BIRTHPLACE (city or town) (State or country) Moreland, Idaho.15. MAIDEN NAME Gerendolyn Simpson16. BIRTHPLACE (city or town) (State or country) Blackfoot, Idaho.17. INFORMANT Weston W. Lowe (Address) Blackfoot, Idaho.18. BURIAL, CREMATION OR REMOVAL Place Moreland Date May 29, 193819. UNDERTAKER J. C. Sandberg (Address) Blackfoot, Idaho.20. FILED May 29, 1938 Registrar.

DO NOT WRITE IN THIS SPACE

109285

State File No.

Local Registrar's No. 76

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 193822 I HEREBY CERTIFY That I attended deceased from May 29, 1938, to May 29, 1938.I last saw him Stillborn 1938: death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn 5-29-38

Other contributory causes of importance:

Prolapsed Cord
too high to palpateName of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24 Was disease or injury in any way related to occupation of deceased? NO If so, specify _____(Signed) W. Beck, M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. Page Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex Female If plural { 4. Twin, triplet, or other births 5. Number, in order of birth 1 6. Premature yes 7. Legitimate yes 8. Date of birth May 1, 1938
(Month, Day, Year)

9. Full name FATHER
Dick Senft

10. Residence (usual place of abode)
(If non-resident, give place and State) Sandpoint

11. Color or race white 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Sandpoint
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Packing Plant

16. Date (month and year) last engaged in this work May 1938 17. Total time (years) spent in this work 1

18. Full maiden name MOTHER
Stella LaFavor

19. Residence (usual place of abode)
(If non-resident, give place and State) Sandpoint

20. Color or race white 21. Age at last birthday 26 (years)

22. Birthplace (city or place) Ronan, Mont.
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

25. Date (month and year) last engaged in this work May 1938 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation nine { months 10 } 30. Cause of Stillbirth { Before labor yes }
(Lues) { During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6:10 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

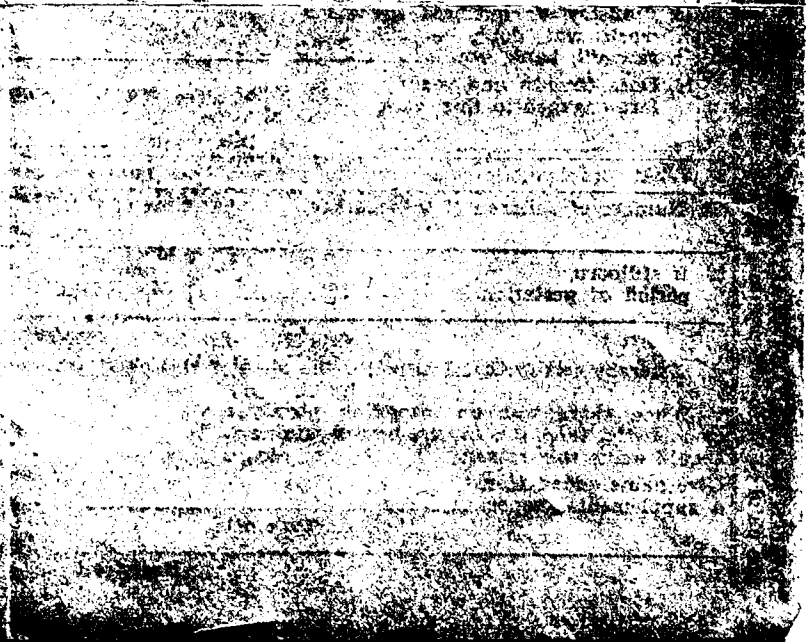
Registrar.

(Signed) Am F. Tyler, M. D.

or _____, Midwife

Address Sandpoint, Idaho

Filed May 7, 1938 Wigil C. Thompson
June Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Bonner		STATE OF IDAHO	
County of Sandpoint		DEPARTMENT OF PUBLIC WELFARE	
City of		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
Registration District No. 78		78	
Primary Registration District No. 2155		2155	
(No. Page Hospital)		()	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME Stillborn Senft			
(a) Residence No. _____		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX Female	4. Color or Race White	5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH May 1, 1938 (year)			
7. AGE Stillbirth	Years	Months	Days
			If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Sandpoint (State or country) Idaho			
13. NAME Dick Senft			
14. BIRTHPLACE (city or town) Sandpoint (State or country) Idaho			
15. MAIDEN NAME Stella La Favor			
16. BIRTHPLACE (city or town) Ronan (State or country) Montana			
17. INFORMANT Dick Senft (Address) Sandpoint, Idaho.			
18. BURIAL, CREMATION OR REMOVAL Funerary Co. Place Sandpoint, Ida. May 1 1938			
19. UNDERTAKER L. G. Moon (Address) Sandpoint, Idaho.			
20. FILED 5-1-38 , 1938 Virgil C. Anderson Registrar.			

DO NOT WRITE IN THIS SPACE
State File No. 109294

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day and year) May 1, 1938	
22 I HEREBY CERTIFY That I attended deceased from May 1 , 1938, to May 1 , 1938.	
I last saw him alive on _____ 1938; death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows:	
9 mo fetus died before labor cause lung	Date of onset
Other contributory causes of importance:	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following:	
Accident, suicide, or homicide? _____ Date of injury _____ 1938.	
Where did injury occur? _____ (Specify city or town, county, and state)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____	
Nature of injury _____	
24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____	
(Signed) Wm. F. Taylor	M. D.
(Address) Sandpoint, Idaho	

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

PLACE OF BIRTH

County of RonnevilleCity of Idaho Falls

No. _____ St.

L.D.S. Hospital, Idaho Falls.

(If born in hospital or institution give name)

Registration District No. 73 State File No. _____Prim. Registration District No. 2150 Local Registrar's No. 3252. FULL NAME OF CHILD Stillbirth Wicklund

3. Sex Male	If plural births {	4. Twin, triplet, or other	6. Premature <input checked="" type="checkbox"/> Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>March 25, 1938</u> (Month, Day, Year)
		5. Number, in order of birth			

9. Full name Elmer Wicklund	FATHER	18. Full maiden name Evelyn D. Carlson	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Shelley, Ida-R2</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Shelley, Ida.</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>30</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Rasalt, Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Wisconsin</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
--	--

16. Date (month and year) last engaged in this work <u>March, 1938</u>	17. Total time (years) spent in this work <u>16 years</u>	25. Date (month and year) last engaged in this work <u>March, 1938</u>	26. Total time (years) spent in this work <u>11 years</u>
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27. What prophylactic was used to prevent Ophthalmia Neonatorum? None28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation _____ months or weeks	30. Cause of Stillbirth _____ During labor. _____ Before labor.
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:05 a.m. on the date above stated.
(Born Alive or Stillborn)(Signed) Edw. J. Carter M.D., M. D.or Box 86, MidwifeAddress Shelley, IdahoFiled June 1, 1938 W. J. Finner M.D.

Registrar.

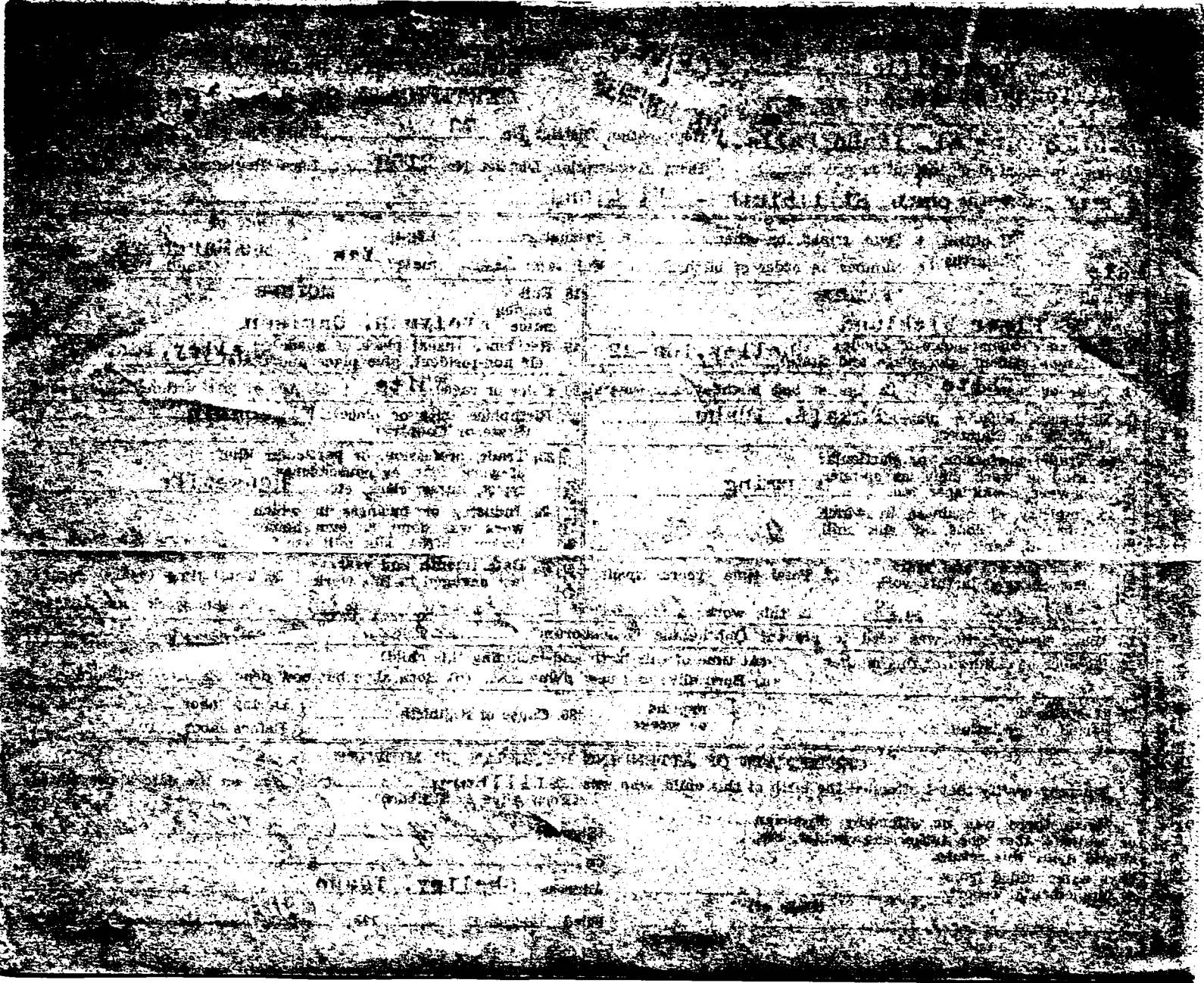
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO

County of *Bozemanville* DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

City of *Idaho Falls* CERTIFICATE OF DEATH

RECEIVED

Registration District No. *73*Primary Registration District No. *2127*

DO NOT WRITE IN THIS SPACE

109306

State File No. _____

Local Registrar's No. *26*

APR 14 1938

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Male white

4. Color or Race

5. Single, Married, Widowed or Divorced (Write the word) *Still born*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *3, 25 - 38*

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) *None*11. Total time (years) spent in this occupation *None*12. BIRTHPLACE (city or town) *Idaho Falls*
(State or country) *L. D. S. Hospital*

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) *Basalt*
(State or country) *Idaho*

15. MAIDEN NAME

16. BIRTHPLACE (city or town) *Hot Springs*
(State or country) *Arkansas*

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place *Cemetery* Date *3-25*, 1938

19. UNDERTAKER

(Address)

20. FILED *7-2-38*, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *3, 25, 1938*

I HEREBY CERTIFY, That I attended deceased from

At birth to *3-25, 1938*

I last saw him alive on _____ 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature separation of placenta 3-25-38

Other contributory causes of importance:

Septicemia of mother 3/24/38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *Edmund Tuffer*, M. D.(Address) *Box 64 - Shelley, Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. 701 Hospital St.
(If born in hospital or institution give name.)

JUN 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

266987

Registration District No. 73 State File No. _____
Prim. Registration District No. 214-b Local Registrar's No. 331

2. FULL NAME OF CHILD

Steel Ron

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 23, 1938</u> (Month, Day, Year)
-----------------------	--	--------------------------------------	--------------------------------	---

9. Full name FATHER
Carlyle Green
10. Residence (usual place of abode)
(If non-resident, give place and State) Driggs, Ida
11. Color or race w 12. Age at last birthday 32 (years)
13. Birthplace (city or place)
(State or Country) Driggs, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work
May 27, 1938 17. Total time (years) spent in this work 1 yrs.

18. Full maiden name MOTHER
Kate Mace Waddell
19. Residence (usual place of abode)
(If non-resident, give place and State) Driggs, Idaho
20. Color or race w 21. Age at last birthday 27 (years)
22. Birthplace (city or place)
(State or Country) Driggs, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work
May 23, 1938 26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
III (a) Born alive and now living I (b) Born alive but now dead I (c) Stillborn I
29. If stillborn, period of gestation 9 mo. { months or weeks
30. Cause of Stillbirth { During labor ✓ Before labor _____

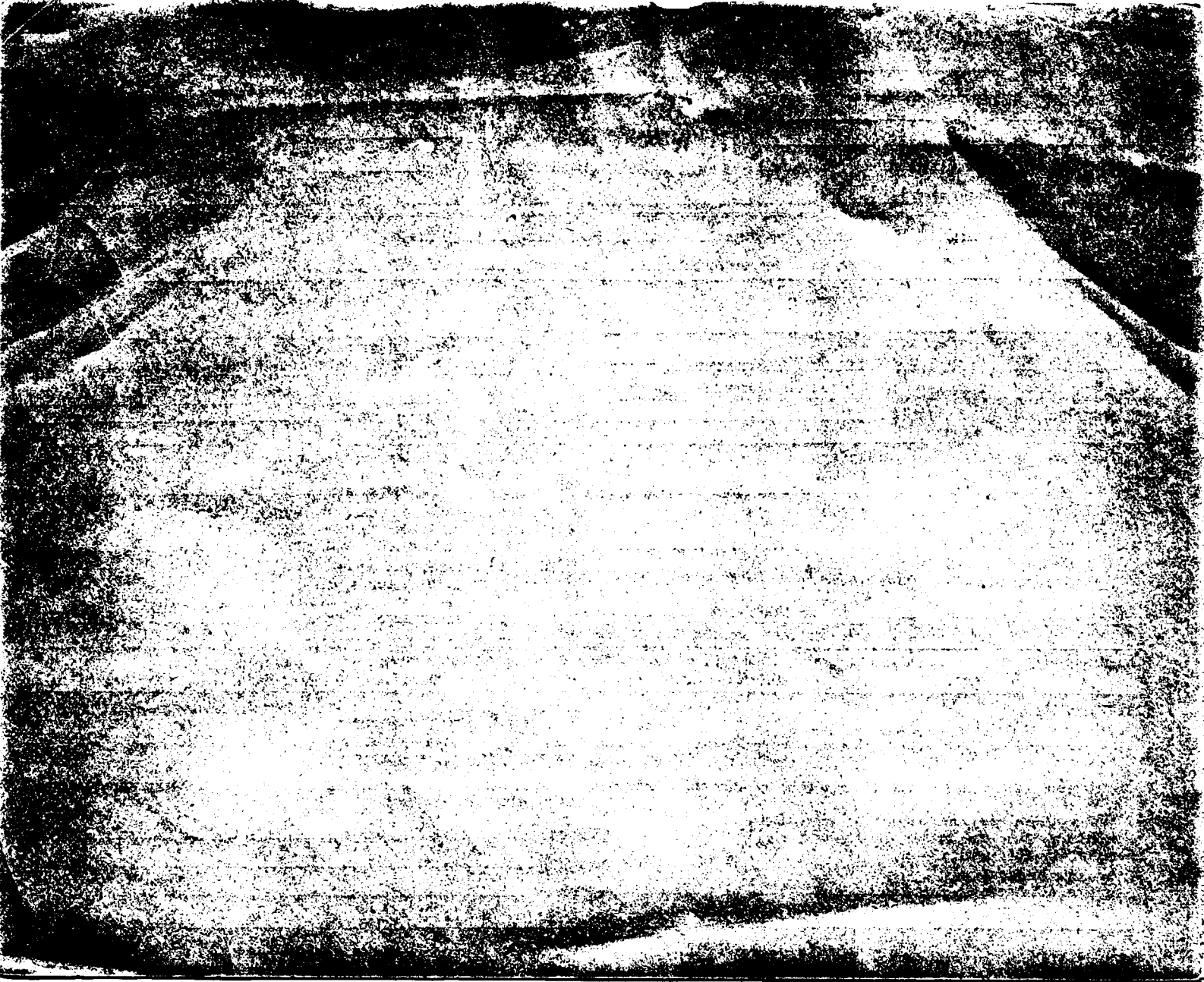
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4 2/3 p. m. on the date above stated.
(Born Alive, or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) John Ray Hatch, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed June 1, 1938 F. C. [unclear]
Registrar.

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Bonneville</u>		Registration District No. <u>13</u>		State File No. <u>266998</u>	
City of <u>Idaho Falls</u>		Prim. Registration District No. <u>2150</u>		Local Registrar's No. <u>354</u>	
No. <u>1342 and 1343</u> St. <u>Spencer</u>		JUN 8 1938			
(If born in hospital or institution give name.)		Lund			
2. FULL NAME OF CHILD					
3. Sex <u>female</u>		4. Twin, triplet, or other. _____		8. Date of birth <u>May 26</u> , 193 <u>8</u> (Month, Day, Year)	
If plural births {		5. Number, in order of birth _____		7. Legiti- mate? <u>yes</u>	
9. Full name <u>Wm Christian Lewis</u>		FATHER		18. Full maiden name <u>Thelma Ann Lewis</u>	
10. Residence (usual place of abode) <u>215 1/2 Idaho Falls</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>215 1/2 Idaho Falls</u> (If non-resident, give place and State)		20. Color or race <u>white</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>37</u> (years)		21. Age at last birthday <u>37</u> (years)	
13. Birthplace (city or place) <u>Soda Springs</u> (State or Country) <u>Ida.</u>		22. Birthplace (city or place) <u>Preston</u> (State or Country) <u>Ida.</u>		23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		25. Date (month and year) last engaged in this work _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation _____ { months or weeks _____					
30. Cause of Stillbirth _____ { During labor _____ Before labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Soda Springs</u> at <u>6:15</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>C. C. Erickson</u> , M. D.					
or _____, Midwife					
Address <u>Idaho Falls, Idaho</u>					
Filed <u>June 7</u> , 193 <u>8</u> <u>A. O. Jensen</u> Registrar.					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

UNITED STATES OF AMERICA

1940

John Edgar Hoover, Director
Federal Bureau of Investigation
Washington, D. C.

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

Re New York letter to Bureau dated 1/15/40.
Enclosed for the Bureau are two copies of a letterhead memorandum (LHM) dated and captioned as above.
The LHM is being prepared by the New York Office and is being submitted to the Bureau for information.
The LHM contains information regarding the activities of [Illegible] and is being submitted to the Bureau for information.
The LHM is being submitted to the Bureau for information and is being prepared by the New York Office.

Enclosed for the New York Office are two copies of a letterhead memorandum (LHM) dated and captioned as above.
The LHM is being prepared by the Bureau and is being submitted to the New York Office for information.
The LHM contains information regarding the activities of [Illegible] and is being submitted to the New York Office for information.
The LHM is being submitted to the New York Office for information and is being prepared by the Bureau.

Very truly yours,
[Illegible Signature]
Special Agent in Charge

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

Enclosed for the New York Office are two copies of a letterhead memorandum (LHM) dated and captioned as above.
The LHM is being prepared by the Bureau and is being submitted to the New York Office for information.
The LHM contains information regarding the activities of [Illegible] and is being submitted to the New York Office for information.
The LHM is being submitted to the New York Office for information and is being prepared by the Bureau.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonne</u>	City of <u>Idaho Falls</u>	CERTIFICATE OF DEATH		State File No. <u>109326</u>	
JUN 8 1938		Registration District No. <u>73</u>		Local Registrar's No. <u>103</u>	
Primary Registration District No. <u>21470</u>		(No. <u>Spencer Hosp.</u>)		215	
Death occurred in a hospital or institution, give its name instead of street and number					
2. FULL NAME <u>Nesine Louise Lund</u>					
(a) Residence. No. St.					
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>W. H.</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year) <u>May 26, 1938</u>					
7. AGE <u>Succession</u>		Years		Months Days If LESS than 1 day, ... hrs. or ... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>					
10. Date deceased last worked at this occupation (mo. and yr.) <u>✓</u>					
11. Total time (years) spent in this occupation <u>✓</u>					
12. BIRTHPLACE (city or town) <u>Idaho Falls</u>					
(State or country) <u>Idaho</u>					
13. NAME <u>William Lund</u>					
14. BIRTHPLACE (city or town) <u>Idaho Falls</u>					
(State or country) <u>Idaho</u>					
15. MAIDEN NAME <u>Jelma Ann Lewis</u>					
16. BIRTHPLACE (city or town) <u>Treston</u>					
(State or country) <u>Idaho</u>					
17. INFORMANT <u>John Lund</u>					
(Address) <u>Idaho Falls, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Idaho Falls</u> Date <u>May 27, 1938</u>					
19. UNDERTAKER <u>Idaho Falls, Idaho</u>					
(Address) <u>Idaho Falls, Idaho</u>					
20. FILED <u>May 27, 1938</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH <u>May 26</u> 193 <u>8</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>May 26</u> , 193 <u>8</u> , to <u>May 26</u> , 193 <u>8</u> .					
I last saw her <u>live</u> on <u>May 26</u> , 193 <u>8</u> ; death is said to have occurred on the date stated above, at <u>5</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u>					
Other contributory causes of importance:					
<u>Toxemia of pregnancy in mother. Prematurity</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis?.... Was there an autopsy?..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193 <u>8</u> .					
Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so specify.....					
(Signed) <u>W. T. Lund</u> M. D.					
(Address) <u>Idaho Falls, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
County of	City of	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
No. <u>M.P. Hospital</u> St.		JUN 10 1938		267046
(If born in hospital or institution give name.)		Registration District No. <u>1</u>	State File No. <u>127</u>	
2. FULL NAME OF CHILD <u>Gerry Lundy</u>		Prim. Registration District No. <u>1005</u>	Local Registrar's No. <u>127</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature. _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>April 26, 1938</u> (Month, Day, Year)
9. Full name <u>Glen Williams Lundy</u>	FATHER		18. Full maiden name <u>Gladys Bernice Mayer</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell</u>	11. Color or race <u>White</u>		12. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Carthage, Mo.</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	
16. Date (month and year) last engaged in this work <u>Now</u> , 19____	17. Total time (years) spent in this work <u>Five</u>		18. Date (month and year) last engaged in this work <u>Now</u> , 19____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>2% Ag. Sol.</u>		28. Number of children of this mother <u>Five</u> (At time of this birth and including this child)		
29. If stillborn, period of gestation <u>Full term</u> { months _____ or weeks _____		30. Cause of Stillbirth <u>Placenta previa</u> (During labor) <u>yes</u> <u>Cerebral edema</u> (Before labor) <u>hemorrhage</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3:45</u> m. on the date above stated. (Born Alive or Stillborn)				
(Signed) <u>Carl Warner</u> , M.D.				
or _____ Midwife				
Address <u>Caldwell, Idaho</u>				
Filed <u>5/10</u> , 193 <u>8</u> <u>W. Montgomery</u> Registrar				

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Date of)

Registrar.

STATE OF NEW YORK CERTIFICATE OF BIRTH

Registration No. _____

Registration District No. _____

Date of Birth _____

Place of Birth _____

MOTHER

FATHER

Residence (last place of abode) _____

Place of Birth (city or place) _____

County of _____

Trade, profession or occupation _____

Married _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Registration District No. _____

Date of Birth _____

Place of Birth _____

MOTHER

FATHER

Residence (last place of abode) _____

Place of Birth (city or place) _____

County of _____

Trade, profession or occupation _____

Married _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

Indicate of persons in which _____

work was done on same date _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was _____

born at _____

(Signed)

Physician or Midwife

To

Address

City

State

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Canyon</u> City of <u>Caldwell</u>		CERTIFICATE OF DEATH		State File No. <u>109337</u>	
Registration District No. _____		Primary Registration District No. <u>1005</u>		Local Registrar's No. <u>42</u>	
(No. <u>Memorial Park</u>) If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Jerry Lundy</u> (Baby)					
(a) Residence No. _____ St. _____					
(Usual place of abode) _____ (If nonresident give city or town and state)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>M</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>4-26-38</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>2</u> hrs. or <u>0</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) _____		11. Total time (years) spent in this occupation _____		
	12. BIRTHPLACE (city or town) <u>Caldwell</u> (State or country) <u>Idaho</u>				
FATHER	13. NAME <u>Glen W. Lundy</u>				
	14. BIRTHPLACE (city or town) <u>Caldwell</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Bennie Mayes</u>				
	16. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>				
MOTHER	17. INFORMANT <u>Glen W. Lundy</u> (Address) <u>Kustan P. 2</u>				
	18. BURIAL, CREMATION OR REMOVAL Place <u>Canyon</u> Date <u>May 26, 1938</u>				
	19. UNDERTAKER <u>C. V. Chapman</u> (Address) <u>Caldwell, Idaho</u>				
	20. FILED <u>4-27</u> , 1938 _____ Registrar.				
MEDICAL CERTIFICATE OF DEATH.					
21. DATE OF DEATH (month, day and year) <u>4-26-38</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Conception</u> to <u>4-26-38</u> , 1938					
I last saw him alive on <u>Stillborn</u> death is said to have occurred on the date stated above, at <u>3:11</u> p.m.					
The principal cause of death and related causes of importance were as follows:					
<u>Placenta previa with partial prolapse of placenta and cord</u>					Date of onset <u>4-26-38</u>
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1938 _____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If no, specify _____					
(Signed) <u>Carl Wagner</u> M.D. (Address) <u>Caldwell, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

267078

1. PLACE OF BIRTH
County of Canyon
City of Hammer, Idaho
No. Samuelson Hospital St.
(If born in hospital or institution give name.)

RECEIVED

JUN 10 1938

Registration District No. 7 State File No. 195
Prim. Registration District No. 2006 Local Registrar's No. 195

2. FULL NAME OF CHILD

Sandra Jay Lucht

3. Sex F If plural births { 4. Twin, triplet, or other... 6. Premature... 7. Legitimate? yes 8. Date of birth May 10, 1938
(Month, Day, Year)

9. Full name FATHER George Martin Lucht

18. Full maiden name MOTHER Pansy Mae Prafer

10. Residence (usual place of abode) Horsehead
(If non-resident, give place and State)

19. Residence (usual place of abode) Horsehead
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 28 (years)

20. Color or race W 21. Age at last birthday 33 (years)

13. Birthplace (city or place) Emmett, Idaho
(State or Country)

22. Birthplace (city or place) Adair, Okla.
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 12 yrs

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full term { months or weeks 30. Cause of stillbirth Band Placental Rupture { Before labor During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:40 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) M. C. Rolfe, M. D.

or M. D.

Address Hammer, Idaho

Filed June 8, 1938 Lyda Rodgers

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF NEW YORK
JUDICIAL DEPARTMENT
SUPREME COURT
IN SENATE

RECEIVED

SEP 11 1901

State of New York

County of Hamilton

It is hereby ordered that the following be done:

IT IS ORDERED THAT

1. That

2. That

3. That

4. That

5. That

6. That

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40. That

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Hampton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7Primary Registration District No. 2026(No. Sananton Ship)

DO NOT WRITE IN THIS SPACE

State File No. 109356

JUN 10 1938

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME George Martin Lucht Sandra Joy(a) Residence No. Sananton Bend Ida. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color of Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5/10/28

7. AGE Years Months Days If LESS than
1 day ___ hrs.
or ___ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked
at this occupation
(mo. and yr.)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town) Hampton
(State or country) Idaho

13. NAME George Martin Lucht

14. BIRTHPLACE (city or town) Emmett
(State or country) Idaho

15. MAIDEN NAME Pansy Mae Foster

16. BIRTHPLACE (city or town) Oklaheung
(State or country) Idaho

17. INFORMANT George M. Lucht
(Address) Horshorn Bend Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Chelation Date 5/11/38 1938

19. UNDERTAKER Keith Talle
(Address) Hampton Ida.

20. FILED June 2 1938 Linda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/10 1938

22 I HEREBY CERTIFY, That I attended deceased from
5-10, 1938, to 5-10, 1938

I last saw h.a. alive on 5/10 1938: death is said
to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of im-
portance were as follow

Born dead
Signs heard instrumented
delivery

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an
autopsy? _____

23. If death was due to exter'l causes (violence) fill in also
the following:

Accident, suicide, or homicide? _____ Date of injury _____,
1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or
in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation
of deceased? _____ If so, specify _____

(Signed) W.C. Kells M.D.
(Address) Hampton Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S	
County of <u>Canyon</u>		JUN 10 1938		CERTIFICATE OF BIRTH -	
City of <u>Nampa</u>		Registration District No. <u>7</u>		State File No. <u>267094</u>	
No. <u>Samaritan Hospital</u> St.		Prim. Registration District No. <u>1006</u>		Local Registrar's No. <u>206</u>	
(If born in hospital or institution give name.)					
2. FULL NAME OF CHILD <u>Mildred Rosella Wilcox</u> <u>girl</u> <u>born</u>					
3. Sex <u>F</u>		If plural { 4. Twin, triplet, or other births { 5. Number, in order of birth		6. Premature <u>yes</u> 7. Legiti- mate? <u>yes</u>	
8. Date of birth <u>May 18</u> , 193 <u>8</u> (Month, Day, Year)					
9. Full name FATHER <u>James Wilburn Wilcox</u>			18. Full maiden name MOTHER <u>Shirley Marie Whitney</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Ida.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>		
11. Color or race <u>White</u> 12. Age at last birthday <u>20</u> (years)			20. Color or race <u>white</u> 21. Age at last birthday <u>18</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Kentucky</u>			22. Birthplace (city or place) (State or Country) <u>Steele, N. Dak.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Bird Reserve Co.</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
16. Date (month and year) last engaged in this work <u>May 18</u> , 193 <u>8</u>			25. Date (month and year) last engaged in this work <u>May 17</u> , 193 <u>8</u>		
17. Total time (years) spent in this work <u>6 months</u>			26. Total time (years) spent in this work <u>6 months</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>9 months</u> { months or weeks					
30. Cause of stillbirth <u>Intra uterine asphyxia</u> { Before labor <u>1</u> During labor					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>5:20</u> a.m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>D. E. Wickman</u> , M. D.					
or _____, Midwife					
Address <u>Nampa, Idaho</u>					
Filed <u>June 9</u> , 193 <u>8</u> <u>Lyda Rodgers</u> Registrar.					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.

STATE OF NEW YORK

JUL 1 1937

IN SENATE

REPORT OF THE

COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES

FOR THE YEAR

ENDING JUNE 30, 1937

ALBANY: J.B. LIPPINCOTT COMPANY, 1937

OF THE

DEPARTMENT OF SOCIAL SERVICES

FOR THE YEAR

ENDING

JUNE 30, 1937

ALBANY: J.B. LIPPINCOTT COMPANY, 1937

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OF THE

DEPARTMENT OF SOCIAL SERVICES

FOR THE YEAR

ENDING

JUNE 30, 1937

ALBANY: J.B. LIPPINCOTT COMPANY, 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109363

Registration District No. 7

Primary Registration District No. 4006

Local Registrar's No. 86

JUN 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)
St. Margaret's Hospital

2. FULL NAME Infant Wilcox Mildred Rozella (Stillborn)

(a) Residence No. Nampa Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 16 1938

7. AGE

Years

Months

Days

If LESS than
1 day 2 hrs.
or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho

13. NAME James J. Wilcox

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Shirley Spurgeon

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT James J. Wilcox
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place St. Margaret's Hospital Date May 19, 1938

19. UNDERTAKER St. Margaret's Hospital
(Address) Nampa, Idaho

20. FILED June 2, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 18 1938

22 I HEREBY CERTIFY, That I attended deceased from May 18, 1938, to May 18, 1938.

I last saw her alive Stillborn 1938: death is said to have occurred on the date stated above, at St. Margaret's Hospital m.

The principal cause of death and related causes of importance were as follows:

Supra-uterine strangulation & death by asphyxia by cord around neck of infant

Other contributory causes of importance:

Date of onset

3

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Stephen C. McGinnis M. D.
(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

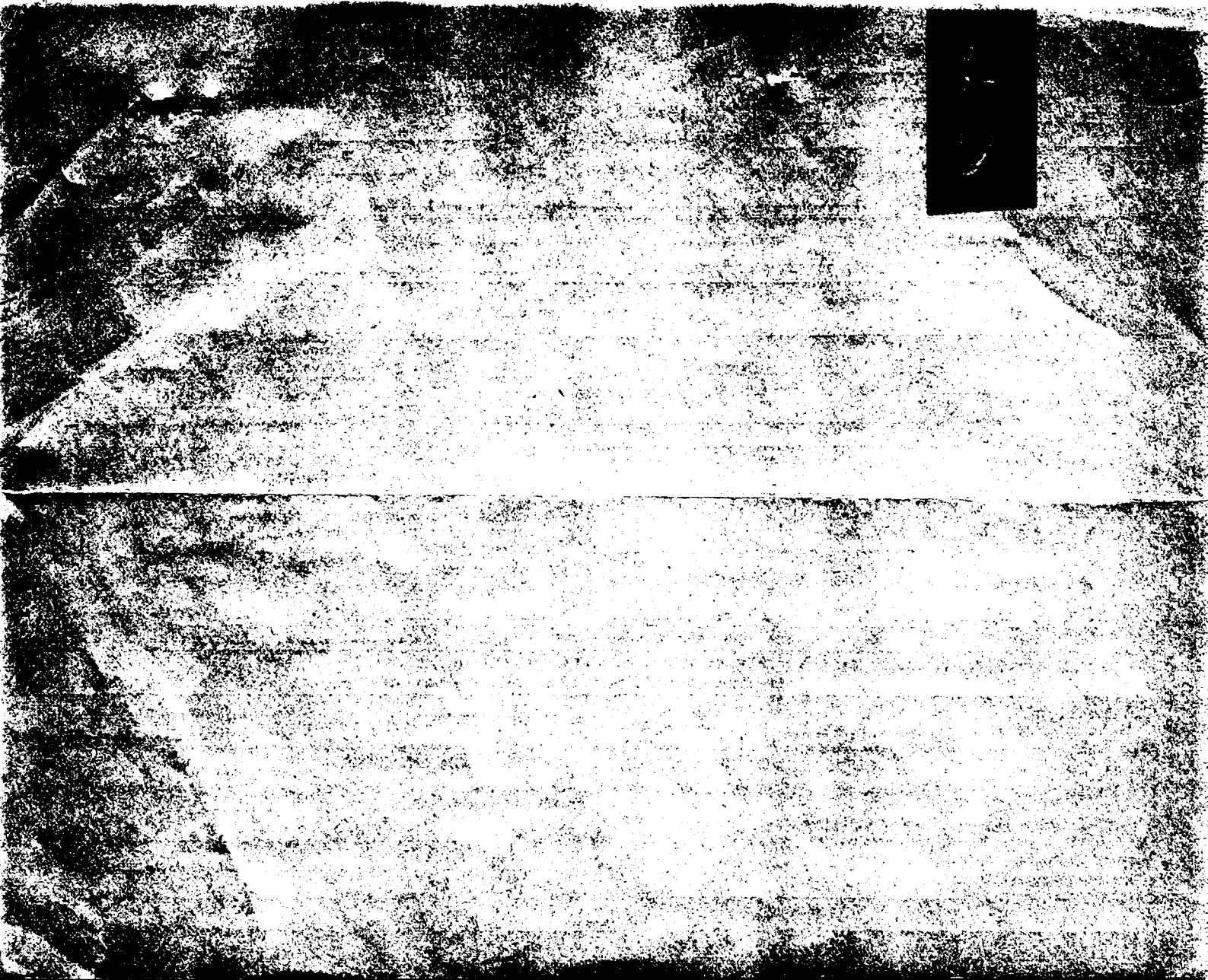
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Cassia</u> City of <u>Burley</u> No. <u>944</u> <u>N. Adams</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S	
(If born in hospital or institution give name.)		Registration District No. <u>117</u> State File No. <u>267176</u>		JUN 9 1938	
2. FULL NAME OF CHILD <u>Vicie Kudach</u> <u>Stillborn</u>		Prim. Registration District No. <u>2196</u> Local Registrar's No. <u>779</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 9, 1938</u> (Month, Day, Year)	
9. Full name <u>Halsey F. Kudach</u> FATHER		18. Full maiden name <u>Vicie Mae Souier</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>			
11. Color or race <u>wh</u>		12. Age at last birthday <u>26</u> (years)		20. Color or race <u>wh</u>	
13. Birthplace (city or place) (State or Country) <u>East Madison Iowa</u>		21. Age at last birthday <u>19</u> (years)		22. Birthplace (city or place) (State or Country) <u>Callaway Nebraska</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>			
16. Date (month and year) last engaged in this work <u>May 9, 1938</u>		17. Total time (years) spent in this work <u>ten</u>		25. Date (month and year) last engaged in this work <u>May 9, 1938</u>	
26. Total time (years) spent in this work <u>ten</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Mer. Iodol 1070</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>6 months</u> { months or weeks			
30. Cause of Stillbirth { During labor _____ Before labor <u>Unknown</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9 30</u> a. m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>L. H. Kelly</u> , M. D.					
or _____, Midwife					
Address <u>Burley Idaho</u>					
Filed <u>May 12, 1938</u> <u>Laura E. Spracher</u> Registrar.					



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

JUN 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196

DO NOT WRITE IN THIS SPACE

109394

State File No.

Local Registrar's No. 39

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Baby Kuydebeck

(a) Residence. No. Burley Idaho R.F. 10 St.
(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley Idaho
(State or country)

13. NAME Halsey & Kuydebeck

14. BIRTHPLACE (city or town) Fort Madison Iowa
(State or country)

15. MAIDEN NAME Vicie Savier

16. BIRTHPLACE (city or town) Nebraska
(State or country)

17. INFORMANT Halsey & Kuydebeck
(Address) Burley Idaho R.F. 10

18. BURIAL, CREMATION OR REMOVAL
Place New District Burley Idaho Date 5-10-1938

19. UNDERTAKER Thos. M. Callach
(Address)

20. FILED 5-10-1938 Laura E. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-9-1938

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1938, to 5-9, 1938.

I last saw her dead 5-9, 1938; death is said to have occurred on the date stated above, at 9 am. The principal cause of death and related causes of importance were as follows:

Still born
premature birth
7 mo gestation

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) L. M. Kelly, M. D.
(Address) _____

Dr. L. M. Kelly

UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Franklin
City of Dayton
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn Boy Sparrow

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth May 3 1938 (Month, Day, Year)

9. Full name Willard Luke Sparrow FATHER 18. Full maiden name Leone Peterson MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Dayton 19. Residence (usual place of abode) (If non-resident, give place and State) Same

11. Color or race W 12. Age at last birthday 49 (years) 20. Color or race W 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Logan Utah 22. Birthplace (city or place) (State or Country) Mantua Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 months or more 30. Cause of Stillbirth { During labor None Before labor Toxemia } Pregnancy

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:30 p.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar. _____

(Signed) H. R. Daines, M. D. _____, Midwife

Address Preston Idaho

Filed June 8, 1938 G. W. Stiles Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Franklin
City of Dayton

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109411Registration District No. 27Primary Registration District No. 2719Local Registrar's No. 35

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Roy Sparrow

(a) Residence. No. St.

(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>May 3, 1938</u>		
7. AGE Years <u>Stillborn</u>	Months <u>Stillborn</u>	Days <u>Stillborn</u>
8. Trade, profession, or particular kind of work done, as <u>planner, sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Dayton Idaho</u> (State or country)		
13. NAME <u>Willard Luke Sparrow</u>		
14. BIRTHPLACE (city or town) <u>Logan Utah</u> (State or country)		
15. MAIDEN NAME <u>Louise Peterson</u>		
16. BIRTHPLACE (city or town) <u>Dayton Idaho</u> (State or country)		
17. INFORMANT <u>Willard Sparrow</u> (Address) <u>Dayton Idaho</u>		
18. BURIAL, CREMATION OR REMOVAL Place <u>Western Idaho</u> Date <u>5-4</u> , 1938		
19. UNDERTAKER <u>Willard Sparrow</u> (Address) <u>Dayton Idaho</u>		
20. FILED <u>June 8, 1938</u> <u>G. W. States</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 3 193822. I HEREBY CERTIFY, That I attended deceased from May 3, 1938, to May 3, 1938.

I last saw him stillborn on May 3, 1938; death is said to have occurred on the date stated above, at Stillborn m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Date of onset

Other contributory causes of importance:

Nephritis of mother Mar 1938

Name of operation..... Date of.....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 1938.Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) W. B. Darnes M.D.
(Address) Preston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

813-131002299

JUN 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

267259

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony
No. _____ St.

Registration District No. 99 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 2177 Local Registrar's No. 1304

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature ☒ Full term no 7. Legitimate? yes 8. Date of birth May 31, 1938 (Month, Day, Year)

9. Full name FATHER Jack Hall 18. Full maiden name MOTHER Ruby Birch

10. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony 19. Residence (usual place of abode) (If non-resident, give place and State) St. Anthony

11. Color or race W 12. Age at last birthday 54 (years) 20. Color or race W 21. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Hopkinsville Ky. 22. Birthplace (city or place) (State or Country) Coleridge Wt.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. W.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 3 (c) Stillborn _____

29. If stillborn, period of gestation 9 { months 22 weeks 30. Cause of Stillbirth { During labor no Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

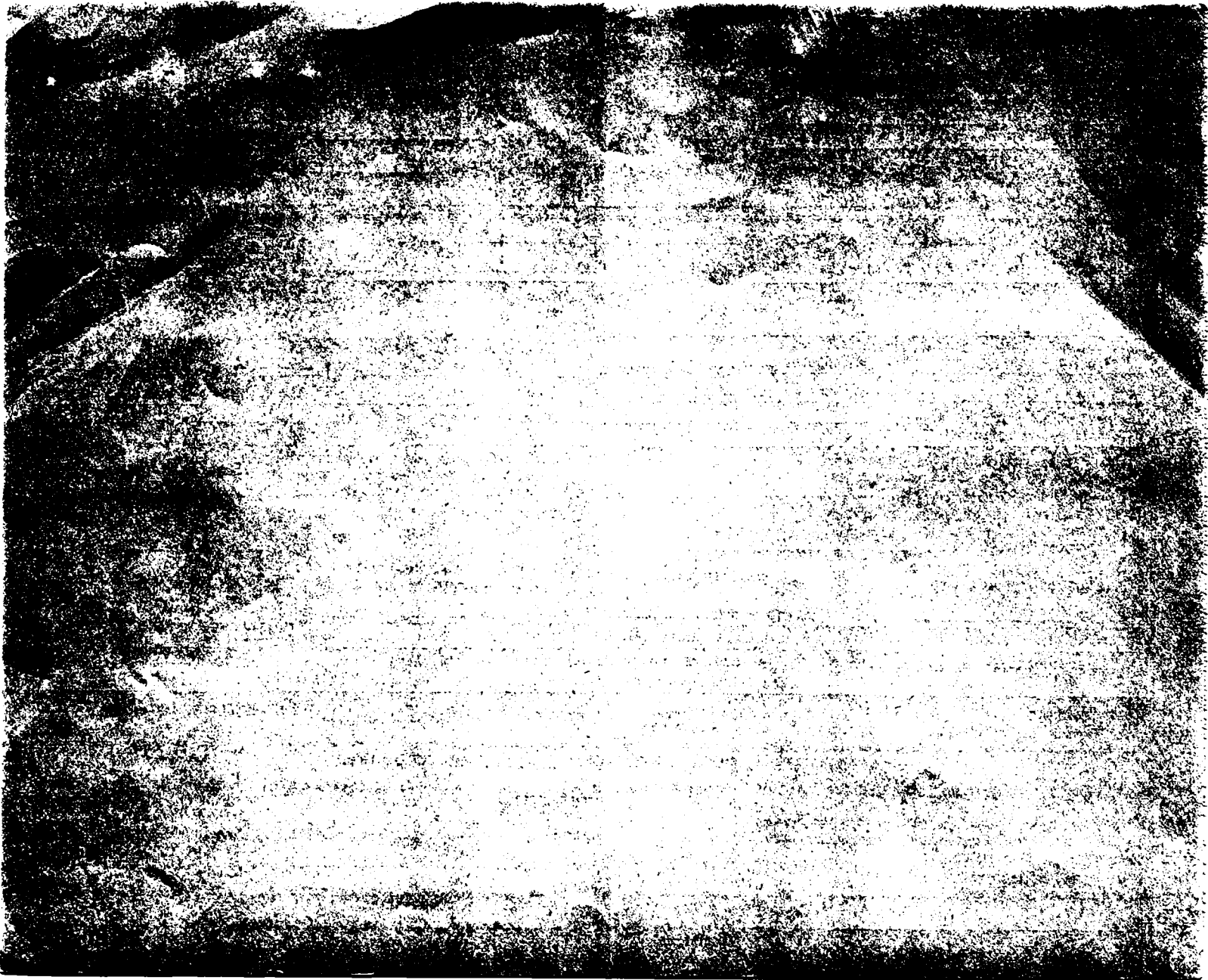
I hereby certify that I attended the birth of this child, who was _____ at 11 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) M. M. M. M. M. D.

Give name added from a supplemental report _____ or _____ Midwife

(Date of) _____ Address St. Anthony Hosp. Filed June 10, 1938 Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of *Freemont*
City of *St Anthony*Registration District No. *99*
Primary Registration District No. *2177*
(No. *13* 1938 St.)State File No. *109831*
Local Registrar's No. *346*

If death occurs away from usual residence, give facts called for under special information.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Baby Boy Hall

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED *Baby*

(Write the word)

6. DATE OF BIRTH

May 31 1938
(Month) (Day) (Year)

7. AGE

Steel Barn
Yrs. Mos. ds.IF LESS than 1
day how many
hrs. or
min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) *St Anthony Idaho*10. NAME OF
Father*Jick Hall*11. BIRTHPLACE
OF FATHER(State or Country) *Copkinsville Ky.*12. MAIDEN NAME
OF MOTHER*Ruby Birch*13. BIRTHPLACE
OF MOTHER(State or Country) *Coleville*

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Jick Hall*
(Address) *St Anthony*

15.

Filed *July 10 1938* *Sarah B. Munk*
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov 19 1938
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
19 to 19

that I last saw him alive on 19

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

*(Steel Barn) probably
had been dead 10 days. Cause
not known*
(Duration) yrs. mos. ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *Dr. Russell*

M. D.

19 (Address) *St. Anthony, Idaho*

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL
St Anthony *5-31 1938*

20. UNDERTAKER

none

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as **Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH.—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebro-spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A 1-
one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City Gooding
No. Gooding Co. Hospital St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

267284

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 24 Local Registrar's No. 497

2. FULL NAME OF CHILD Martin Vaughn Gillespie - Stillborn

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? _____	8. Date of birth <u>5-29-1938</u> (Month, Day, Year)
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9. Full name <u>Victor Vaughn Gillespie</u>	FATHER	18. Full maiden name <u>Latie Marlett</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Gooding</u>
--	--

11. Color or race <u>W</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>40</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Madison, Neb.</u>	22. Birthplace (city or place) (State or Country) <u>Stanbury, Neb.</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>State Clerk</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work <u>Present</u> , 19____	17. Total time (years) spent in this work <u>3 yr.</u>	25. Date (month and year) last engaged in this work <u>Present</u> , 19____	26. Total time (years) spent in this work _____
---	--	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation <u>9 mo.</u>	{ months or weeks	30. Cause of stillbirth _____	{ Before labor <u>Yes</u> During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

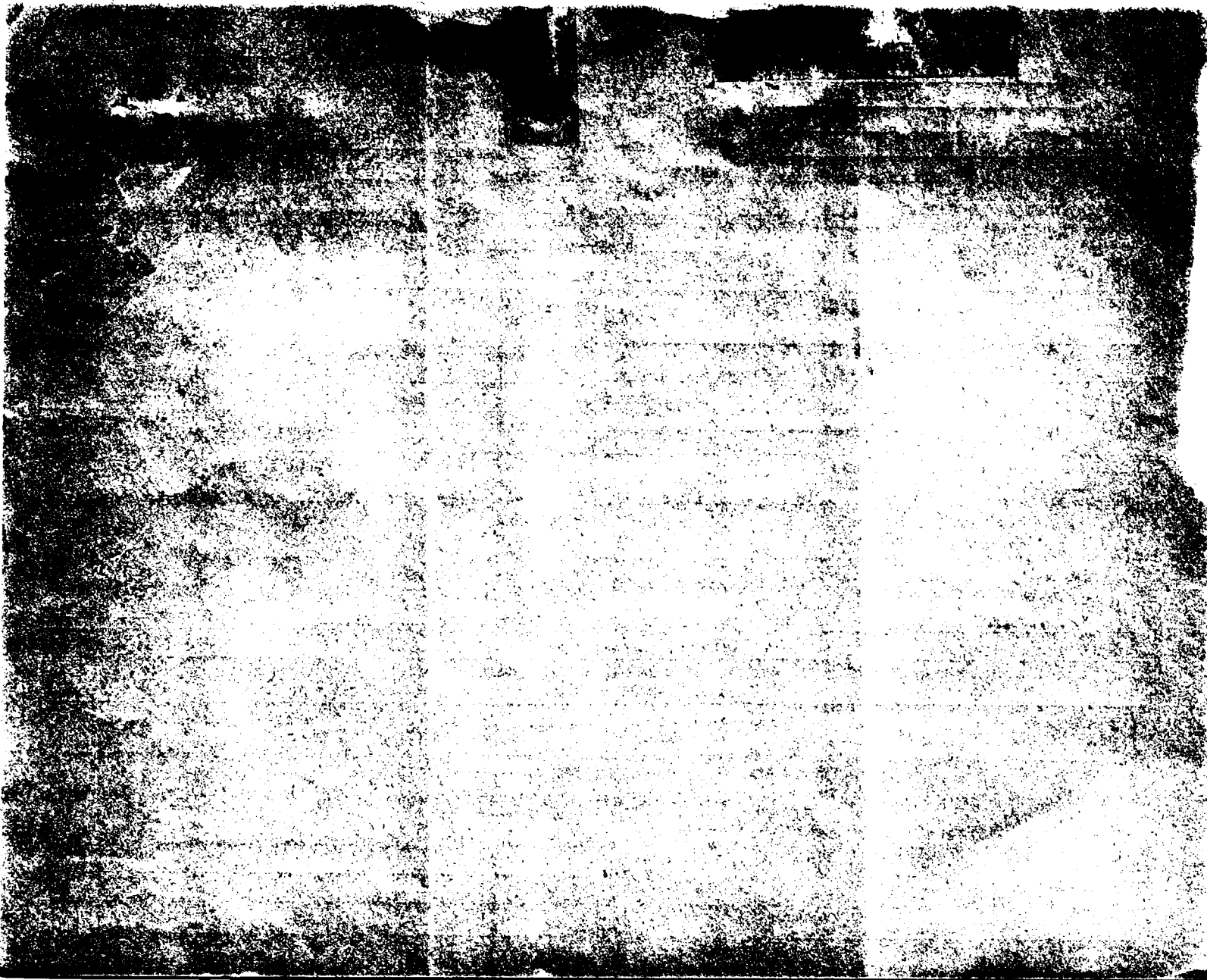
Registrar.

(Signed) J. H. Cornwell, M. D.

or _____ Midwife

Address Gooding, Ida

Filed 6-1-1938, Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Gooding
City of Idaho
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109424

JUN 10 1930

Registration District No. _____

Primary Registration District No. _____

Local Registrar's No. _____

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Infant

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of X

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Gooding
(State or country) Ida.

13. NAME Victor V. Gillespie

14. BIRTHPLACE (city or town) Madison
(State or country) Idaho

15. MAIDEN NAME Kittie Marshall

16. BIRTHPLACE (city or town) Gooding
(State or country) Idaho

17. INFORMANT V. V. Gillespie
(Address) Gooding, Ida

18. BURIAL, CREMATION OR REMOVAL
Place Gooding Date 5-30 193 8

19. UNDERTAKER A. E. Thompson
(Address) Gooding

20. FILED 6-1, 193 8
Registrar. J. H. Connors

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/1 193 8

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw him _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn - full
gestational - Cause
unknown

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. H. Connors, M. D.
(Address) Gooding, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

493.170-028-669

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 267362

JUN 7 1938

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. 30 State File No. _____

Prim. Registration District No. 2051 Local Registrar's No. 110

2. FULL NAME OF CHILD Ward Miller

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>yes</u> Legiti- mate? <u>yes</u>	7. Date of birth <u>April 30, 1938</u> (Month, Day, Year)
9. Full name <u>FATHER</u> <u>Paul Rosebrown Miller</u>			18. Full maiden name <u>MOTHER</u> <u>Hester Hazel Forrest</u>		
10. Residence (usual place of abode) <u>Coeur d'Alene</u> (If non-resident, give place and State) <u>R.D. #1</u>			19. Residence (usual place of abode) <u>C d'Alene</u> (If non-resident, give place and State) <u>R.D. #1</u>		
11. Color or race <u>W.</u>		12. Age at last birthday <u>41</u> (years)		20. Color or race <u>W.</u> 21. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) <u>Norwich N.Y.</u> (State or country)			22. Birthplace (city or place) <u>Manitowoc, Wis.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night watchman</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no</u>					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>3</u>					
29. If stillborn, <u>8 months</u> months or weeks period of gestation			30. Cause of stillbirth <u>Premature separation of placenta</u> Before labor <u>yes</u> During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:55 A.M. on the date above stated.
(Born alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. L. Greenwood M. D.

or _____, Midwife

Address Coeur d'Alene, Idaho

Filed May 5, 1938 L. Krotcher, M.D.

Registrar.

Registrar.

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF TEXAS

COUNTY OF DALLAS

IN SENATE

January 1, 1901

REPORT

OF THE

COMMISSIONER OF THE

LAND OFFICE

FOR THE YEAR

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Reynolds, Idaho
No. General Hospital St.

JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 100 State File No. 267460
Prim. Registration District No. 2178 Local Registrar's No. 97

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 2, 1938
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER Mr. Dan B. Hough
10. Residence (usual place of abode) Reynolds, Idaho
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 21 (years)
13. Birthplace (city or place) Teton, Idaho (State or Country)

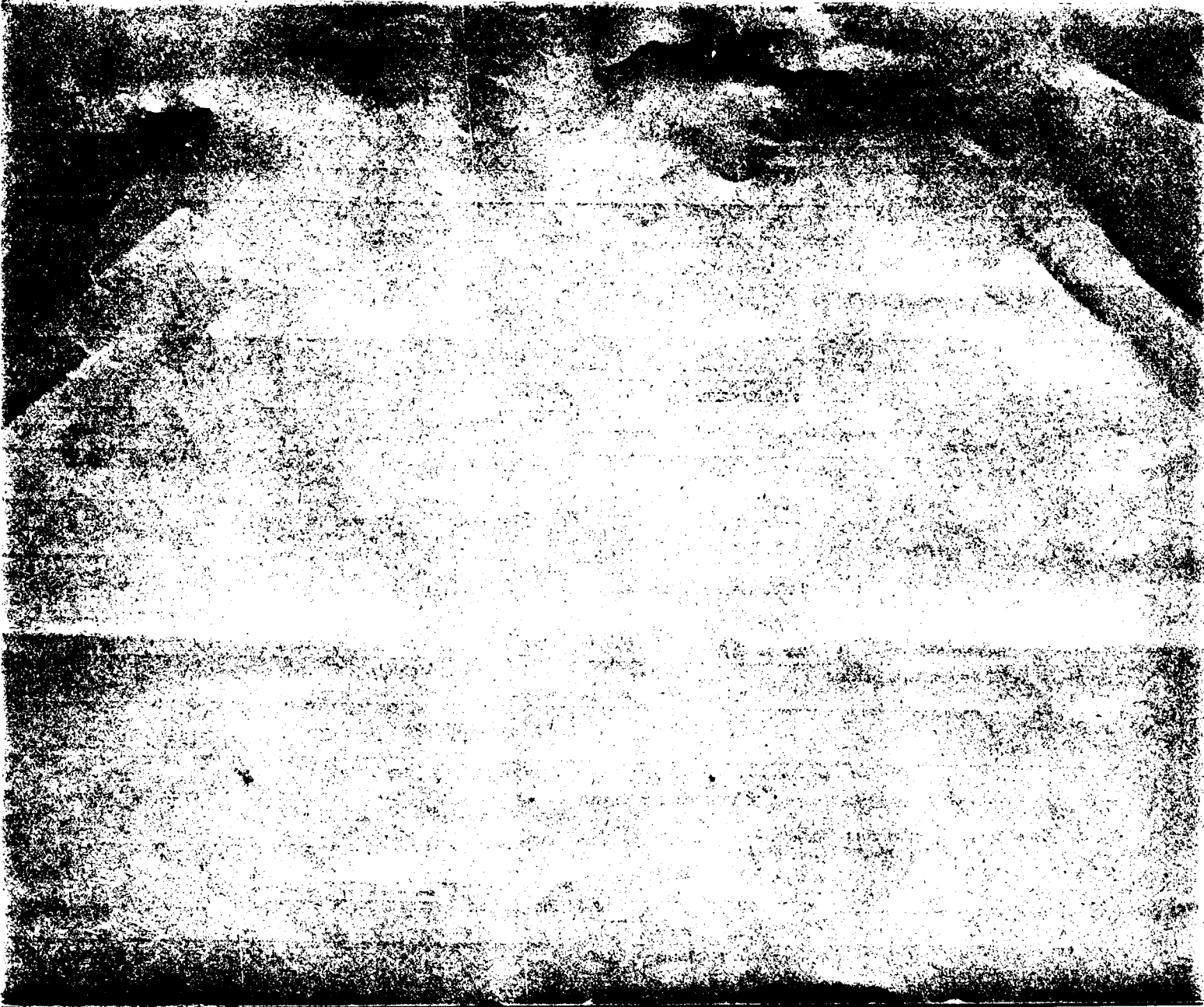
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work life

18. Full maiden name MOTHER Verna Bennett
19. Residence (usual place of abode) Reynolds, Idaho
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Blackfoot, Idaho (State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living D (b) Born alive but now dead D (c) Stillborn L
29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:30 p. on the date above stated.
(Born Alive or Stillborn)
(Signed) H. B. R. L., M. D.
or _____ Midwife
Address Reynolds, Idaho
Filed 6-9-38 June 9, 1938 Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Madison
City of Reynoldsburg

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 109472

Registration District No. 100
Primary Registration District No. 2178

Local Registrar's No. 27

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Hoopes. (Stillborn)

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 6-2-38

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Reynoldsburg
(State or country) Idaho

13. NAME Dan B. Hoopes

14. BIRTHPLACE (city or town) Getonia
(State or country) Idaho

15. MAIDEN NAME Verna Bertha Grimmer

16. BIRTHPLACE (city or town) Blackfoot
(State or country) Idaho

17. INFORMANT Dan B. Hoopes
(Address) Reynoldsburg, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Moreland Date 6/3, 1938

19. UNDERTAKER Russel E. Hamer
(Address) Reynoldsburg, Idaho

20. FILED 6-9-1938 Miss H. Young
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-2-1938

22 I HEREBY CERTIFY That I attended deceased from 6-2, 1938, to 6-2, 1938.

I last saw him alive on 6-2-1938; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset
at least
2 days

Other contributory causes of importance:

Premature separation of placenta

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) [Signature], M. D.

(Address) Reynoldsburg

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<u>Gallstones</u>	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and Date of onset
related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

100

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. _____ St. JUN 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S**
267470

(If born in hospital or institution give name.) Prim. Registration District No. 2128 Local Registrar's No. 96

2. FULL NAME OF CHILD Reuben Cherry

3. Sex Male
If plural births {
4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature ✓
Full term _____

7. Legiti-
mate? yes

8. Date of birth 6 6 1938
(Month, Day, Year)

9. Full name FATHER Thomas W. Cherry

10. Residence (usual place of abode)
(If non-resident, give place and State) Victor, Ida

11. Color or race White 12. Age at last birthday 40 (years)

13. Birthplace (city or place)
(State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Libby idell Hatch

19. Residence (usual place of abode)
(If non-resident, give place and State) Victor, Idaho

20. Color or race White 21. Age at last birthday 40 (years)

22. Birthplace (city or place)
(State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 3:5 P
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn) born alive
(Signed) Forin I. Kieh M. D.
or _____ Midwife
Address Rexburg Idaho
Filed 6-9- 1938 Mrs. H. Young
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

County of Madison
City of Reynolds

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 100
Primary Registration District No. 2/78
(No. _____)

DO NOT WRITE IN THIS SPACE

State File No. 109473Local Registrar's No. 28

JUN 10 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. Victor St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>		
6. DATE OF BIRTH (month, day, and year) <u>6-6-38</u>		
7. AGE Years	Months	Days
If LESS than 1 day <u>0</u> hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (mo. and yr.)
	11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) <u>Reynolds Idaho</u>	

MOTHER FATHER	13. NAME <u>Thomas W Cherry</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Victor Idaho</u>
	15. MAIDEN NAME <u>Lobby Belle Hatch</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Victor Idaho</u>
	17. INFORMANT <u>Thos W Cherry</u> (Address) <u>Victor Idaho</u>
	18. BURIAL, CREMATION OR REMOVAL Place <u>Victor</u> Date <u>6 6</u> , 1938
19. UNDERTAKER <u>none</u> (Address)	
20. FILED <u>6-9</u> , 1938 <u>Miss H. Young</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/6 193822 I HEREBY CERTIFY, That I attended deceased from 6-6-, 1938, to 6-6-, 1938.I last saw him alive on Shelbourn 1938; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Shelbourn

Date of onset

Other contributory causes of importance:

Nephritis of Mother44Name of operation Birth by Cesarean section Date of 6-6-38What test confirmed diagnosis Autopsy Was there an autopsy Yes (Laboratory tests)

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Louis A. Rich M. D.
(Address) Reynolds Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as—servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
JUN 6 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Power
City of American Falls
No. 4 St. Schiltz Memorial Hospital

Registration District No. 25 State File No. 267571

Prim. Registration District No. 2072 Local Registrar's No. 44

2. FULL NAME OF CHILD Donald Ray Nelson Stillborn

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>May 5, 1938</u> (Month, Day, Year)
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9. Full name FATHER
James Ray Nelson
10. Residence (usual place of abode) Aberdeen, Idaho.
(If non-resident, give place and State)

18. Full maiden name MOTHER
Ella Faybelle
19. Residence (usual place of abode) Aberdeen, Idaho
(If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Gunnison, Utah
(State or Country)

20. Color or race W | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Leadore, Idaho.
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Now, 19 38
17. Total time (years) spent in this work 5

OCCUPATION
25. Date (month and year) last engaged in this work Now, 19 38
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 41 weeks { months or weeks
30. Cause of Stillbirth { During labor Difficult Labor
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:20 Pm. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) M. C. Mark, M. D.

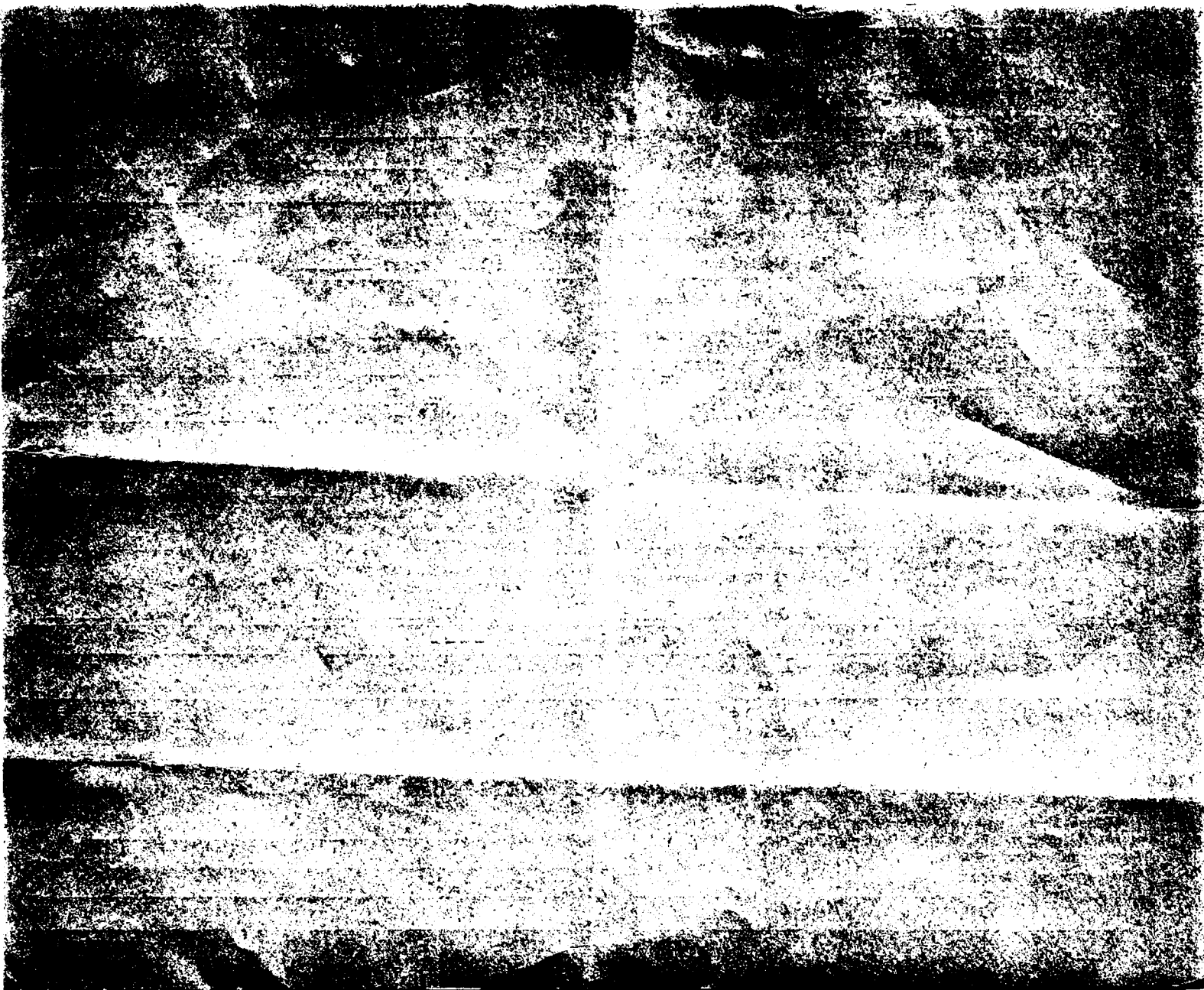
or _____, Midwife

Address Aberdeen, Idaho.

Filed 5/31, 1938 Arne Selvig

Registrar.

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		109522	
COUNTY OF Power		CERTIFICATE OF DEATH		State File No.	
City of American Falls		Registration District No. 25		Local Registrar's No. 17	
Primary Registration District No. 2072		(No. Schiltz Memorial Hospital)			
2. FULL NAME Donald Ray Nelson		(If death occurred in a hospital or institution, give its name instead of street and number)			
(a) Residence. No. --- St. ---		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX Male		4. Color or Race White		5. Single, Married, Widowed or Divorced (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) May 5, 1938					
7. AGE Years Months Days		If LESS than 1 day -- hrs. or -- min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) American Falls		(State or country) Idaho			
13. NAME James Ray Nelson					
14. BIRTHPLACE (city or town) Gunnison		(State or country) Utah			
15. MAIDEN NAME Ella Faybelle					
16. BIRTHPLACE (city or town) Leadore		(State or country) Idaho			
17. INFORMANT (Address)					
18. BURIAL, CREMATION OR REMOVAL Place Aberdeen, Idaho		Date May 6, 1938			
19. UNDERTAKER Friends		(Address) Aberdeen, Idaho			
20. FILED 5-6, 1938		Irane Salting Registrar			
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) May 5 1938					
22. I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 5, 1938					
I last saw him alive on ---, 1938; death is said to have occurred on the date stated above, at --- m.					
The principal cause of death and related causes of importance were as follows:					
Stillbirth					
Intracranial injuries at birth					
Other contributory causes of importance: Difficult Labor					
Name of operation --- Date of ---					
What test confirmed diagnosis? --- Was there an autopsy? ---					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? --- Date of injury ---, 1938					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury ---					
Nature of injury ---					
24. Was disease or injury in any way related to occupation of deceased? --- If so, specify ---					
(Signed) M. C. Markinson, M. D.					
(Address) Aberdeen, Idaho					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Power</u> City of <u>American Falls</u> No. _____ St. <u>JUN 6 1938</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>267573</u>	
(If born in hospital or institution give name.)		Registration District No. <u>25</u>	State File No. <u>S</u>
2. FULL NAME OF CHILD <u>Stillborn Jolley</u>		Prim. Registration District No. <u>2072</u>	Local Registrar's No. <u>46</u>
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>May 13, 1938</u> (Month, Day, Year)			
9. Full name <u>FATHER</u> <u>Elmer L. Jolley</u>		18. Full maiden name <u>MOTHER</u> <u>Retha Butter</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>American Falls, Idaho</u>	
11. Color or race <u>W</u>		12. Age at last birthday <u>47</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Mt. Carmel, Utah</u>		20. Color or race <u>W</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		21. Age at last birthday <u>44</u> (years)	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		22. Birthplace (city or place) (State or Country) <u>Escalante, Utah</u>	
16. Date (month and year) last engaged in this work <u>Now</u> , <u>1938</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
17. Total time (years) spent in this work <u>20</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
25. Date (month and year) last engaged in this work <u>Now</u> , <u>1938</u>		26. Total time (years) spent in this work <u>26</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>13</u> (At time of this birth and including this child) (a) Born alive and now living <u>12</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>32nd weeks</u>		30. Cause of Stillbirth <u>Unknown</u>	
{ months or weeks		{ During labor _____ Before labor <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 5:00 Pm. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

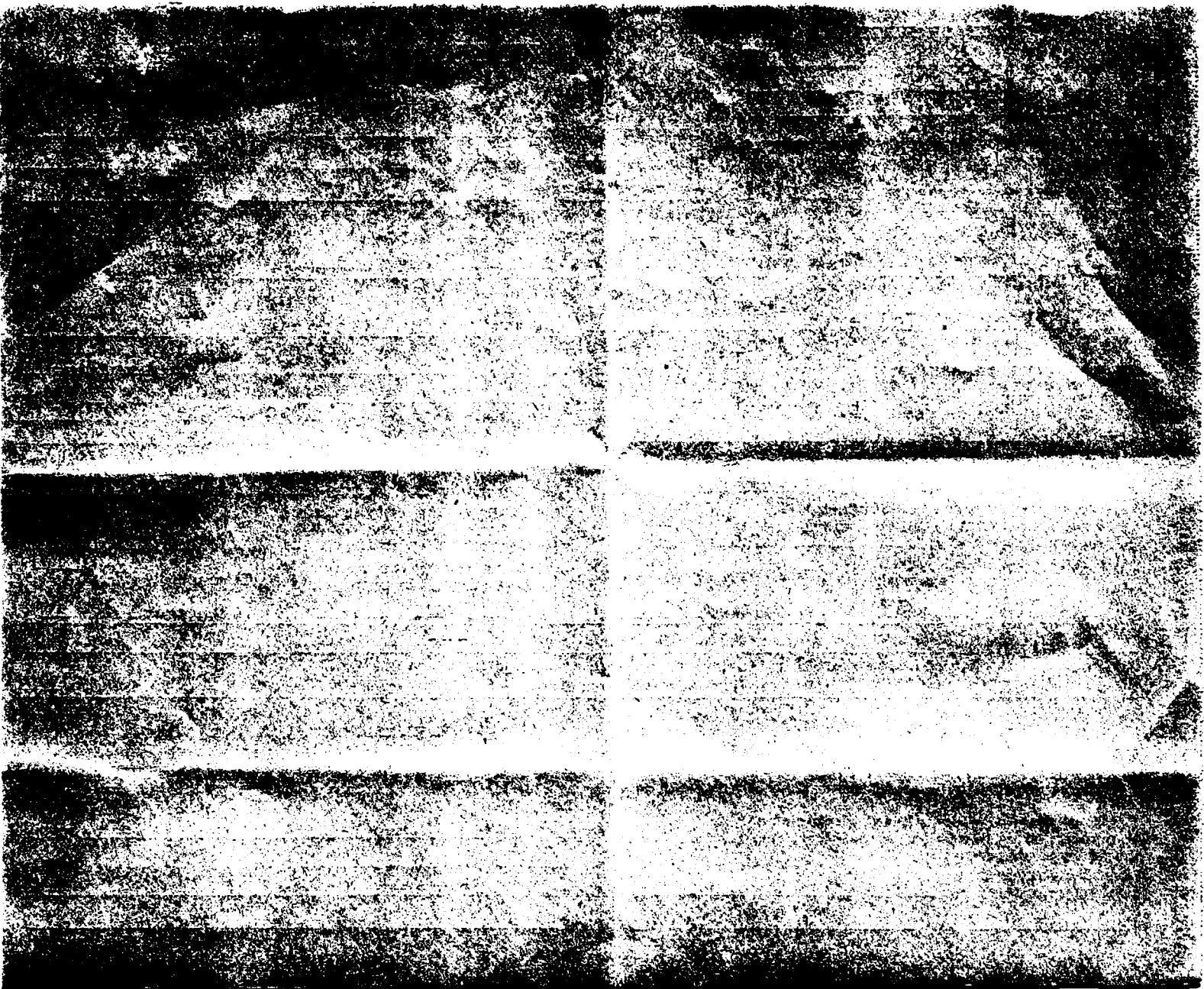
(Signed) M. C. Markman, M. D.

or _____, Midwife

Address Aberdeen, Idaho

Filed 5-31, 1938 Gene Daling

Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Power
City of American Falls
R.F.S.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 25
Primary Registration District No. 2072
(No. _____)

DO NOT WRITE IN THIS SPARE
State File No. 10952

Local Registrar's No. 18

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jolley

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>-</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>-</u>		
6. DATE OF BIRTH (month, day and year) <u>May 15 1938</u>		
7. AGE Years <u>-</u>	Months <u>-</u>	Days <u>-</u>
If LESS than 1 day ____ hrs or ____ min		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>-</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>		
10. Date deceased last worked at this occupation (mo. and yr.) <u>-</u>		
11. Total time (years) spent in this occupation <u>-</u>		

12. BIRTHPLACE (city or town) American Falls
(State or country) Idaho

13. NAME Elber L Jolley

14. BIRTHPLACE (city or town) Mount Carmel
(State or country) Utah

15. MAIDEN NAME Retha Butler

16. BIRTHPLACE (city or town) Escalante
(State or country) Utah

17. INFORMANT E L Jolley
(Address) American Falls Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Amer Falls Ida Date 5-14 1938

19. UNDERTAKER Friends
(Address) _____

20. FILED 5-14- 1938 Irene Daling
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-13 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h. alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

S. tillbirth

Other contributory causes of importance:

Toxaemia of Pregnancy

Date of onset

4-1-1938

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased No If so, specify _____

(Signed) M. C. [Signature] M. D.

(Address) Aberdeen Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Baby dead about four weeks before birth

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

19-117-542.249

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. St. Registration District No. 37 State File No. 267665
(If born in hospital or institution give name.) Prim. Registration District No. 2085 Local Registrar's No. 295

2. FULL NAME OF CHILD Stillborn Cardwell

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 17, 1938</u> (Month, Day, Year)
-----------------------	--	--------------------------------------	------------------------------	---

9. Full name <u>Murill Leon Cardwell</u>	FATHER	18. Full maiden name <u>Elva Nellie Smith</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>21</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>19</u> (years)
13. Birthplace (city or place) (State or Country) <u>Twin Falls</u>		22. Birthplace (city or place) (State or Country) <u>Portland Oregon</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work <u>August, 1938</u>	17. Total time (years) spent in this work <u>3</u>	25. Date (month and year) last engaged in this work <u>11-27, 1938</u>	26. Total time (years) spent in this work <u>2 years</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn 2

29. If stillborn, period of gestation 9 Mo. { months or weeks

30. Cause of stillbirth { Before labor yes During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:29 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

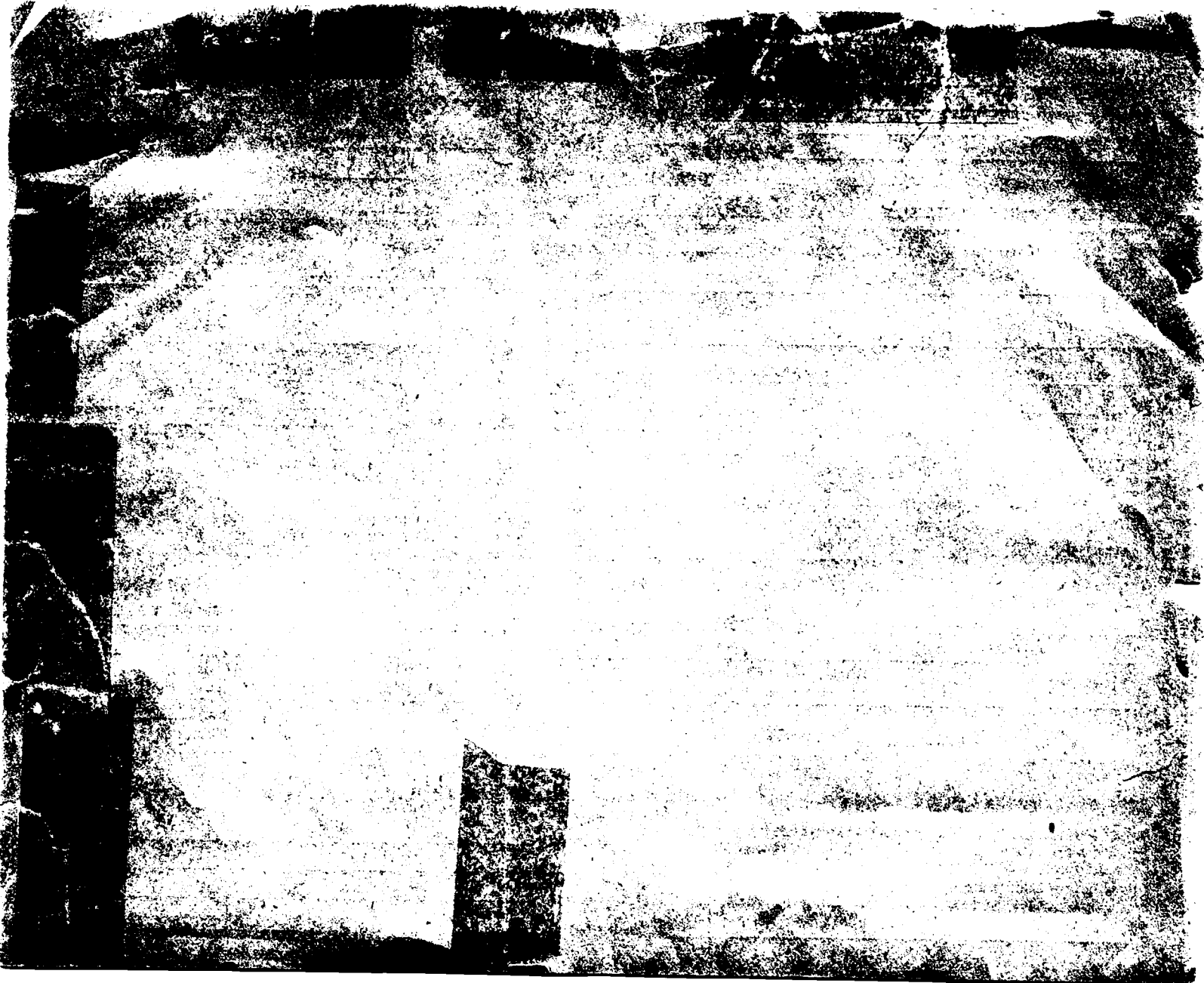
Registrar.

(Signed) Dr. A. (2) Drake, M. D.

or _____, Midwife

Address Twin Falls

Filed 6-8, 1938 Stillborn



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 10956

Registration District No. 37

Primary Registration District No. 1085

Local Registrar's No. 107

(No. Twin Falls County Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby (boy) Cardwell (Stillborn)

(a) Residence No. _____ St. _____

(Usual place of abode)

0

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced, (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 5-17-1938

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

13. NAME Merrill Cardwell

14. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho

15. MAIDEN NAME Elsie Nellie Smith

16. BIRTHPLACE (city or town) Portland,
(State or country) Oregon

17. INFORMANT Merrill Cardwell,
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 5-18-, 1938

19. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho

20. FILED 5/18/38 W. H. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-17-1938

22 I HEREBY CERTIFY, That I attended deceased from Still born 193____, to May 17, 193____

I last saw him alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Abortion placenta.

Anterior Hemorrhage. No antenatal rough or fetal heart heard when first seen.

Other contributory causes of importance:

History of long walk day before.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) O. H. Drake, M. D.

(Address) Twin Falls, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

13

1. PLACE OF BIRTH
 County of Twin Falls
 City of Twin Falls
 No. County Shoshone St. Idaho
 (If born in hospital or institution give name.)
 Registration District No. 37 State File No. S 267680
 Prim. Registration District No. 1085 Local Registrar's No. 301

2. FULL NAME OF CHILD Sturges Allen

3. Sex <u>Female</u>	4. Twin, triplet, or other <u>births</u>	5. Number, in order of birth	6. Premature <u>yes</u> Full term	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 25, 1938</u> (Month, Day, Year)
9. Full name <u>John Henry Allen</u>			18. Full maiden name <u>Mrs. Mary Elizabeth</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at last birthday <u>47</u> (years)			21. Age at last birthday <u>39</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Bellvue, Ida.</u>			22. Birthplace (city or place) (State or Country) <u>Arlington, Okla.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Car Clerk</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>S. P. Railway</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
16. Date (month and year) last engaged in this work <u>May, 1938</u>			17. Total time (years) spent in this work <u>20 years</u>		
18. Date (month and year) last engaged in this work <u>May, 1938</u>			19. Total time (years) spent in this work <u>22 years</u>		

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 6 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 7 Mo. { months or weeks

30. Cause of stillbirth { Before labor yes During labor

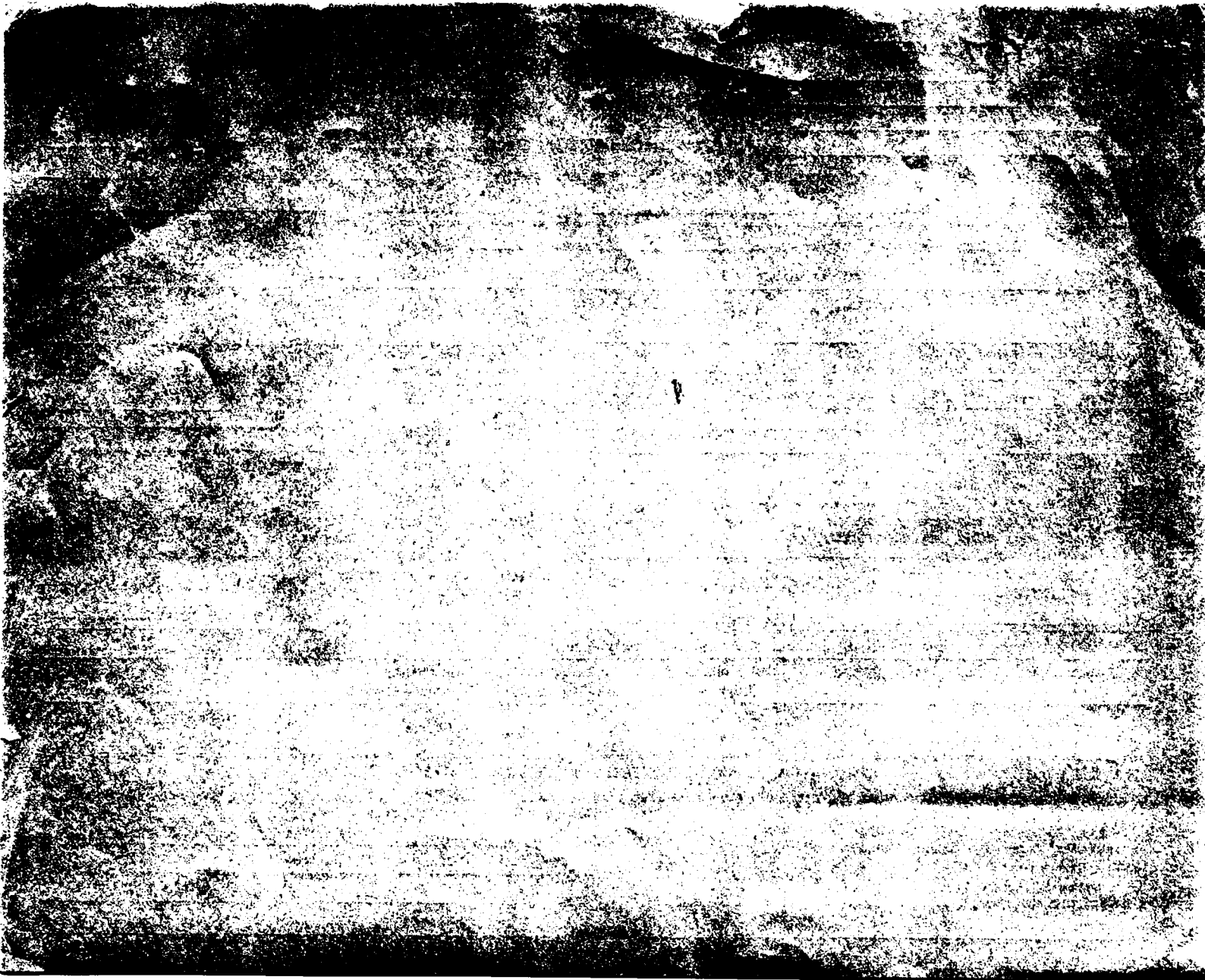
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:30 p. m. on the date above stated.
 (Born Alive or Stillborn)

(Signed) Dean H. Appleck, M. D.
 or _____ Midwife

Address 118 Main St.
 Filed 6-8, 1938 Sturges Allen
 Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 Give name added from a supplemental report _____
 (Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37
Primary Registration District No. 1085

DO NOT WRITE IN THIS SPACE

State File No. 10957(No. Twin Falls County Gen. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Eleanor Jean Allen(a) Residence No. Twin Falls, Idaho St. _____
(Usual place of abode)Length of residence in city or town where death occurred yrs. mos. ds. 0 (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the words) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 5-25-38

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho13. NAME John H. Allen14. BIRTHPLACE (city or town) Bellevue
(State or country) Idaho15. MAIDEN NAME Grace M. Hildreth16. BIRTHPLACE (city or town) _____
(State or country) Okla.17. INFORMANT John H. Allen
(Address) Twin Falls, Idaho.18. BURIAL, CREMATION OR REMOVAL
Place. T.F. Cem. Date. 5-26-, 193819. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.20. FILED 527, 1938 John H. Allen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-25-3822. I HEREBY CERTIFY, That I attended deceased from June 25, 1938 to 5-25-38, 1938I last saw h.w. alive on 5-25, 1938: death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

Still born
@ 7 months

Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dean H. Appleback, M. D.(Address) Twin Falls, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1932

EXAMPLE II

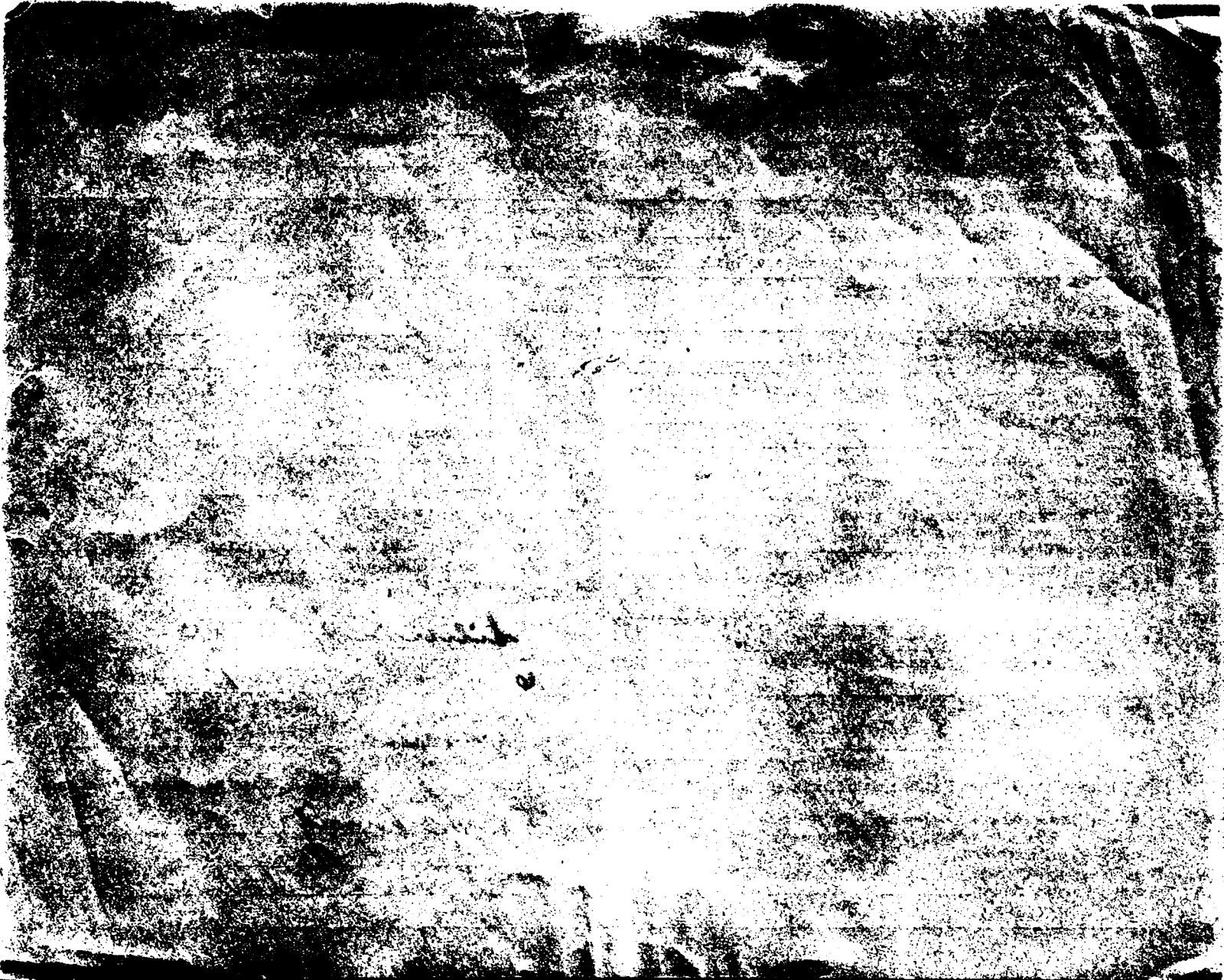
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. <u>30-204K-W</u> PLACE OF BIRTH		STATE OF <u>IDAHO</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Washington</u>		JUN 9 1930		CERTIFICATE OF BIRTH		267720			
City of <u>Elmer</u>		Registration District No. <u>86</u>		State File No. <u>1010</u>		Local Registrar's No. <u>49</u>			
No. <u>East Commercial</u> St.		Prim. Registration District No. <u>1010</u>		Local Registrar's No. <u>49</u>					
<u>Little Flower Hospital</u>									
(If born in hospital or institution give name.)									
2. FULL NAME OF CHILD <u>Baby</u>		<u>William Alderson</u>							
3. Sex <u>male</u>		If plural births { 4. Twin, triplet, or other _____		6. Premature _____		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>May 23, 1928</u>	
		5. Number, in order of birth <u>8</u>		Full term <u>yes</u>				(Month, Day, Year)	
9. Full name <u>Clarence H. Alderson</u>		FATHER		18. Full maiden name <u>Madge Walker</u>		MOTHER			
10. Residence (usual place of abode) <u>Wiser, Ida</u>		(If non-resident, give place and State)		19. Residence (usual place of abode) <u>Wiser, Ida</u>		(If non-resident, give place and State)			
11. Color or race <u>White</u>		12. Age at last birthday <u>47</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>44</u> (years)			
13. Birthplace (city or place) <u>Washington</u>		(State or Country)		22. Birthplace (city or place) <u>Kan.</u>		(State or Country)			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>			
16. Date (month and year) last engaged in this work <u>6</u> , 19 <u>28</u>		17. Total time (years) spent in this work <u>all life</u>		25. Date (month and year) last engaged in this work _____, 19 <u>28</u>		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Silver Nitrate</u>									
28. Number of children of this mother <u>8</u>		(At time of this birth and including this child)							
29. If stillborn, period of gestation <u>9 months</u>		{ months or weeks		30. Cause of Stillbirth <u>Hydramnios</u>		{ Before labor _____		During labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE									
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7.2</u> a.m. on the date above stated.									
(Born Alive or Stillborn)									
(Signed) <u>J. A. Schmidt</u>									
or _____, M. D.									
Address <u>Wiser, Idaho</u>									
Filed <u>June 8</u> , 193 <u>0</u>									
Registrar. <u>Marie Kauffman</u>									



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Washington STATE OF IDAHO
City of Wenatchee DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109500

JUN 9 1938

Registration District No. 86Primary Registration District No. 1040Local Registrar's No. 16(No. Wells Flower Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Alderson(a) Residence No. Manus Creek

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M 4. Color or Race Wht 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofSteelman6. DATE OF BIRTH (month, day, and year) May 23 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Idaho13. NAME Clarence H. Alderson14. BIRTHPLACE (city or town) (State or country) Wash.15. MAIDEN NAME Madge Walker16. BIRTHPLACE (city or town) (State or country) Kansas17. INFORMANT Clarence H. Alderson (Address) Wenatchee, Idaho18. BURIAL, CREMATION OR REMOVAL Place Manus Creek Date June 24 193819. UNDERTAKER R. B. Northrup (Address) Wenatchee, Idaho20. FILED June 8, 1938 Marie Hawthorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-23-193822. I HEREBY CERTIFY, That I attended deceased from 5-23, 1938, to 5-23, 1938.I last saw him alive on 5-23 1938. death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Still Born.
new tot. a. Broth.
but had not for
some time

Date of onset

Other contributory causes of importance:

No. diagnosed in
anotherx 9Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) F. E. Schump M. D.(Address) Wenatchee, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bingham
City of Blackfoot, Idaho.
No. 279 E. Rice

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **268032**

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1007 Local Registrar's No. 165

2. FULL NAME OF CHILD Mary Frances Blair. (Stillborn)

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth June 18, 1938
5. Number, in order of birth _____ Full term Yes (Month, Day, Year)

9. Full name FATHER James Skelton Blair. 18. Full maiden name MOTHER Mary Idaho Blair Riley,

10. Residence (usual place of abode) Idaho Falls, Idaho 19. Residence (usual place of abode) Idaho Falls Idaho
(If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 50 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Ogden, Utah 22. Birthplace (city or place) Blackfoot, Idaho.
(State or Country) (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, Auto Salesman 23. Trade, profession, or particular kind of work done, as housekeeper, Housewife
sawyer, bookkeeper, etc. typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, Automobile 24. Industry or business in which work was done, as own home, Own Home
sawmill, bank, etc. lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work Present, 19____ 17. Total time (years) spent in this work 25 25. Date (month and year) last engaged in this work Present, 19____ 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living. 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 285 days { months or weeks 30. Cause of Stillbirth prolapsed cord.
Instrumental occipito-posterior delivery. Before labor yes
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 8:15 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

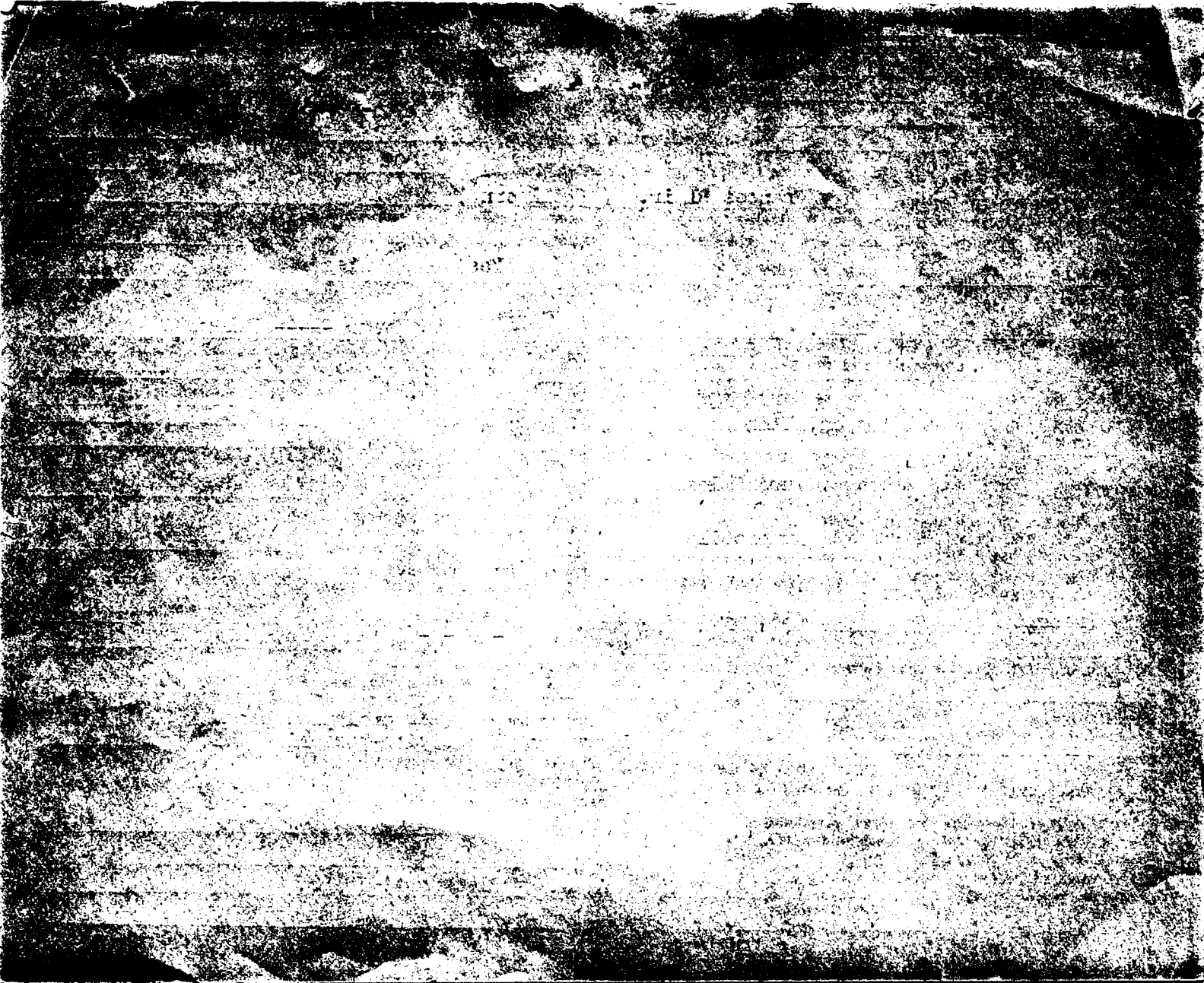
(Signed) M. B. Patrie, M. D.

or _____, Midwife

Address Blackfoot, Idaho.

Filed July 1, 1938, 1938 Mrs. Helen E. Patrie

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of *Bingham*City of *Blackfoot*

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSJUL 6 - 1938
CERTIFICATE OF DEATHRegistration District No. *121*Primary Registration District No. *1004*

DO NOT WRITE IN THIS SPACE

109696

State File No. _____

Local Registrar's No. *86*

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Mary Frances Blair Stillborn*

(a) Residence No. _____

(Usual place of abode)

St. *Idaho Falls, Idaho.*

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced (write the word) *Stillborn*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day 2 hrs. or 2 min. *Stillborn*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Blackfoot Idaho*13. NAME *James S. Blair*14. BIRTHPLACE (city or town) (State or country) *Idaho*15. MAIDEN NAME *Mary, Lach Blair*16. BIRTHPLACE (city or town) (State or country) *Blackfoot Idaho*17. INFORMANT (Address) *J. S. Blair*18. BURIAL, CREMATION OR REMOVAL Place *Idaho Falls, Idaho* 6-16-193819. UNDERTAKER (Address) *E. T. Pick*20. FILED *June 16, 1938*

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) *6-16-1938*22 I HEREBY CERTIFY, That I attended deceased from *6-16-*, 1938, to *6-16-*, 1938.I last saw him alive *Stillborn*: death is said to have occurred on the date stated above, at *6:30 A.M.*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Protracted cord
Placenta detachment,
premature.*

Other contributory causes of importance:

*Occipital posterior
delivery etc.*Name of operation *none* Date of _____
What test confirmed diagnosis? *-* Was there an autopsy? *No*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *-* Date of injury *-*, 1938.Where did injury occur? *none*
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*Nature of injury *none*24 Was disease or injury in any way related to occupation of deceased? *No*(Signed) *M. E. Galt*(Address *Blackfoot, Idaho*)

APR 16 1937

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH			STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS				S										
County of <u>Blaine</u>			JUL 11 1938				CERTIFICATE OF BIRTH										
City of <u>Picabo</u>							268050										
No. _____ St. _____			Registration District No. <u>57</u>				State File No. _____										
(If born in hospital or institution give name.)			Prim. Registration District No. <u>2022</u>				Local Registrar's No. <u>42</u>										
2. FULL NAME OF CHILD <u>Louis Grack Jr - Stillborn</u>																	
3. Sex <u>Male</u>		If plural births		4. Twin, triplet, or other		6. Premature <u>no</u>		7. Legitimate <u>yes</u>									
				5. Number, in order of birth		Full term <u>yes</u>		8. Date of birth <u>6-19-1938</u> (Month, Day, Year)									
9. Full name <u>Louis Grack</u>					FATHER				18. Full maiden name <u>Ada Crook</u>								
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Picabo, Ia</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Picabo-</u>												
11. Color or race <u>W</u>					12. Age at last birthday <u>53</u> (years)				20. Color or race <u>W</u>								
13. Birthplace (city or place) (State or country) <u>Austria</u>					22. Birthplace (city or place) (State or country) <u>Edison Tenn</u>				21. Age at last birthday <u>41</u> (years)								
OCCUPATION					14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc <u>Farmer</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>							
					15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.							
					16. Date (month and year) last engaged in this work					25. Date (month and year) last engaged in this work							
17. Total time (years) spent in this work <u>13</u>					19. _____ in this work <u>13</u>					26. Total time (years) spent in this work <u>13</u>							
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argemol 2%</u>																	
28. Number of children of this mother (At time of this birth and including this child) <u>2</u>																	
(a) Born alive and now living <u>1</u>									(b) Born alive but now dead <u>1</u>								
29. If stillborn, period of gestation _____ months or weeks									30. Cause of stillbirth _____								
Before labor _____									During labor _____								

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert H. Wright, M. D.

or _____, Midwife

Address Hailey, Idaho

Filed 7-7-1938 Robert H. Wright

Registrar.

MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Picabo</u>	CERTIFICATE OF DEATH		State File No. <u>109707</u>	
Registration District No. <u>57</u>		Primary Registration District No. <u>2022</u>		Local Registrar's No. <u>28</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Louis Grack Jr -</u>					
(a) Residence, No. <u>Hullom</u>					
(Usual place of abode)					
Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>		4. Color or Race <u>W</u>		5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> <u>Hullom</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Picabo Idaho</u>					
13. NAME <u>Louis Grack</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Austria</u>					
15. MAIDEN NAME <u>Ada Grack</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Edison Tenn.</u>					
17. INFORMANT <u>Louis Grack</u> (Address) <u>Picabo, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Picabo, Idaho</u> Date <u>6-20-1938</u>					
19. UNDERTAKER <u>Family</u> (Address)					
20. FILED <u>7-7-1938</u> <u>Robert H. Wright</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>6-19-1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>9:30 p.m.</u> 193... to <u>9:30 p.m.</u> 193... I last saw h... alive on <u>6-19-1938</u> death is said to have occurred on the date stated above, at <u>9:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Premature 6 1/2 mo -</u> Date of onset					
Other contributory causes of importance:					
Name of operation <u>✓</u> Date of <u>✓</u>					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury... 193... Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease of injury in any way related to occupation of deceased? <u>It so, specify</u> (Signed) <u>Robert H. Wright</u> M. D. (Address) <u>Hullom, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Prest River
No. _____ St. _____

RECEIVED
JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
268084

Registration District No. 85 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2185 Local Registrar's No. 32-38

2. FULL NAME OF CHILD Baby Monson Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 21, 1938 (Month, Day, Year)

9. Full name Clarence M. Monson FATHER 18. Full maiden name Alma I. Rask MOTHER

10. Residence (usual place of abode) Prest River (If non-resident, give place and State) 19. Residence (usual place of abode) Prest River (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Flasher N. D. (State or Country) 22. Birthplace (city or place) Mandan N. D. (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own ranch 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work June 21, 1938 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work June 21, 1938 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no - baby dead on my arrival

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn this

29. If stillborn, period of gestation nine { months or weeks 30. Cause of Stillbirth unknown During labor Do not know Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born dead at 12:20 A.M. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) L. J. Stauffer, M. D.

or _____ Midwife

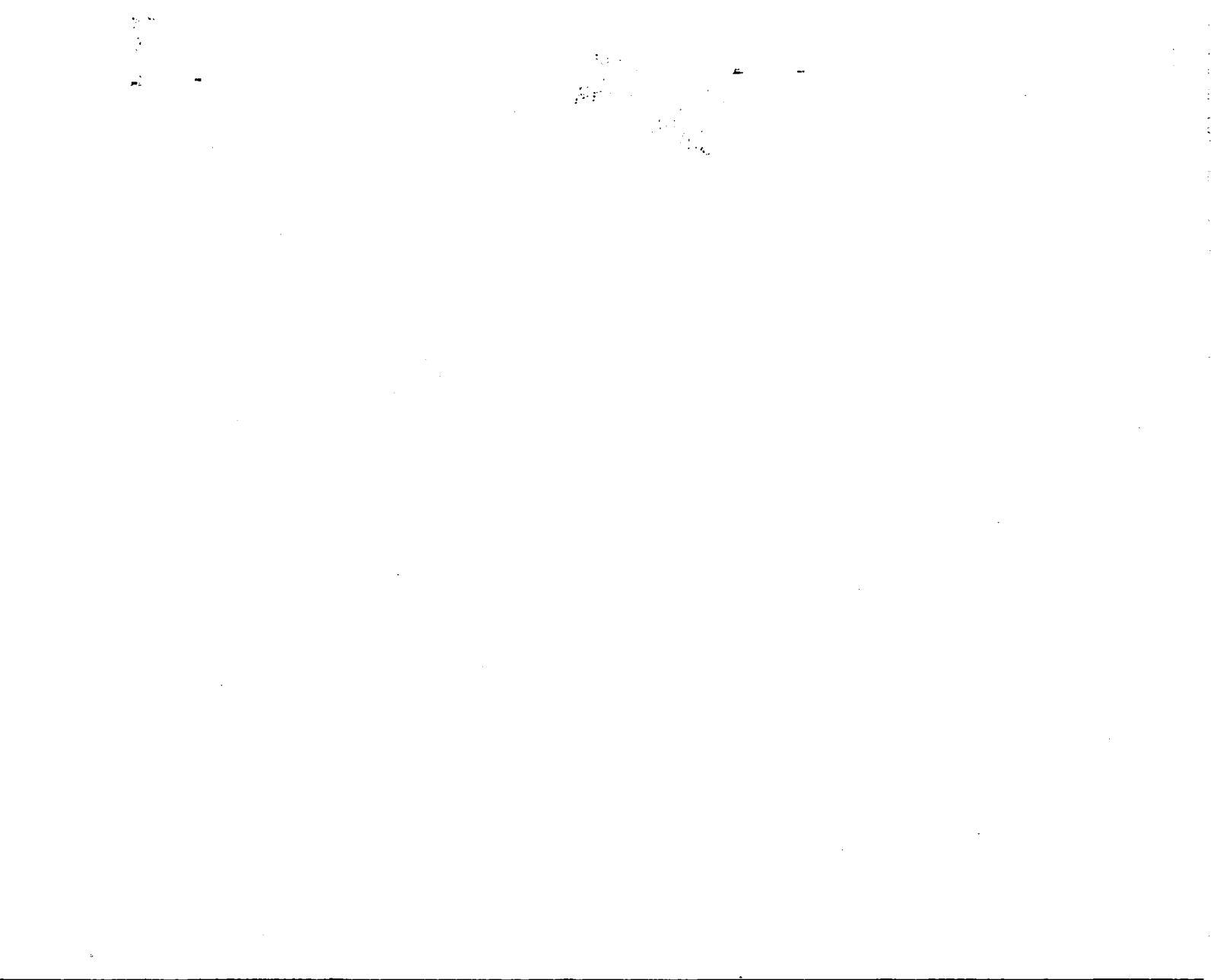
Address Prest River Idaho

Filed 6-22, 1938 W. J. Johnson Registrar.

Registrar.

Registrar.

no pre-natal medical attention



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bonner</u>	City of <u>Preest River</u>	CERTIFICATE OF DEATH		State File No. <u>109719</u>	
Registration District No. <u>85</u>		Primary Registration District No. <u>2185</u>		Local Registrar's No. <u>14-38</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Baby Monson, stillborn child</u>					
(a) Residence. No. _____ St. _____					
(Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>		4. Color or Race <u>white</u>		5. Single, Married, Widow- ed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
7. AGE		Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
<u>0</u>					
OCCUPATION					
8. Trade, profession, or particular kind of work done, as <u>spinner,</u> <u>sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill,</u> <u>saw mill, bank, etc.</u>					
10. Date deceased last work- ed at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town). <u>Preest River Idaho</u> (State or country)					
13. NAME <u>Clarence M. Monson</u>					
14. BIRTHPLACE (city or town). <u>Flasker, N.D.</u> (State or country)					
15. MAIDEN NAME <u>Alma L. Raab</u>					
16. BIRTHPLACE (city or town). <u>Mandan</u> (State or country) <u>N.D.</u>					
17. INFORMANT <u>Clarence M. Monson</u> (Address) <u>Preest River Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Preest River Idaho</u> Date <u>6-22, 1938</u>					
19. UNDERTAKER <u>L. B. Monson</u> (Address) <u>Sandberg Idaho</u>					
20. FILED <u>6-22, 1938</u> <u>E. W. Johnson</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>June 21 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased <u>from</u>, 193....., to 193..... I last saw h.... alive on 193....; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of impor- tance were as follows: <u>Stillborn child at term,</u> <u>No prenatal medical attention,</u> <u>No attendance at birth.</u> Date of onset					
Other contributory causes of importance: <u>Breach presentation</u>					
Name of operation..... Date of.....					
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>NO</u>					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193. Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury.....					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) <u>Leslie J. Stauffer</u> , M. D. (Address) <u>Preest River Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 268112			
County of <u>Bonneville</u> City of <u>Adams Falls</u> No. <u>L. D. S. Hospital</u> (If born in hospital or institution give name.)		Registration District No. <u>P</u> Prim. Registration District No. <u>2150</u>		State File No. _____ Local Registrar's No. <u>371</u>	
2. FULL NAME OF CHILD					
3. Sex <u>Girl</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>Yes</u>		7. Legiti- mate? <u>Yes</u>	
8. Date of birth <u>6-7-1938</u> (Month, Day, Year)					
9. Full name <u>Vern Vincent Neal</u> FATHER		18. Full maiden name <u>Phoebe Luella Cuthbert</u> MOTHER			
10. Residence (usual place of abode) <u>1350 Lake Ave City</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>1350 Lake Ave City</u> (If non-resident, give place and State)			
11. Color or race <u>White</u>		12. Age at last birthday <u>24</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) <u>Spokane Washington</u> (State or Country)		21. Age at last birthday <u>22</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		22. Birthplace (city or place) <u>Prigby Idaho</u> (State or Country)			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
16. Date (month and year) last engaged in this work <u>June 1938</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>			
17. Total time (years) spent in this work <u>6</u>		25. Date (month and year) last engaged in this work <u>June 1938</u>			
26. Total time (years) spent in this work <u>5</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother <u>2</u> (At time of this birth and including this child)		(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>full term</u> { months or weeks		30. Cause of Stillbirth <u>neurosis</u> During labor. <u>yes - 3 days</u> Before labor.			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

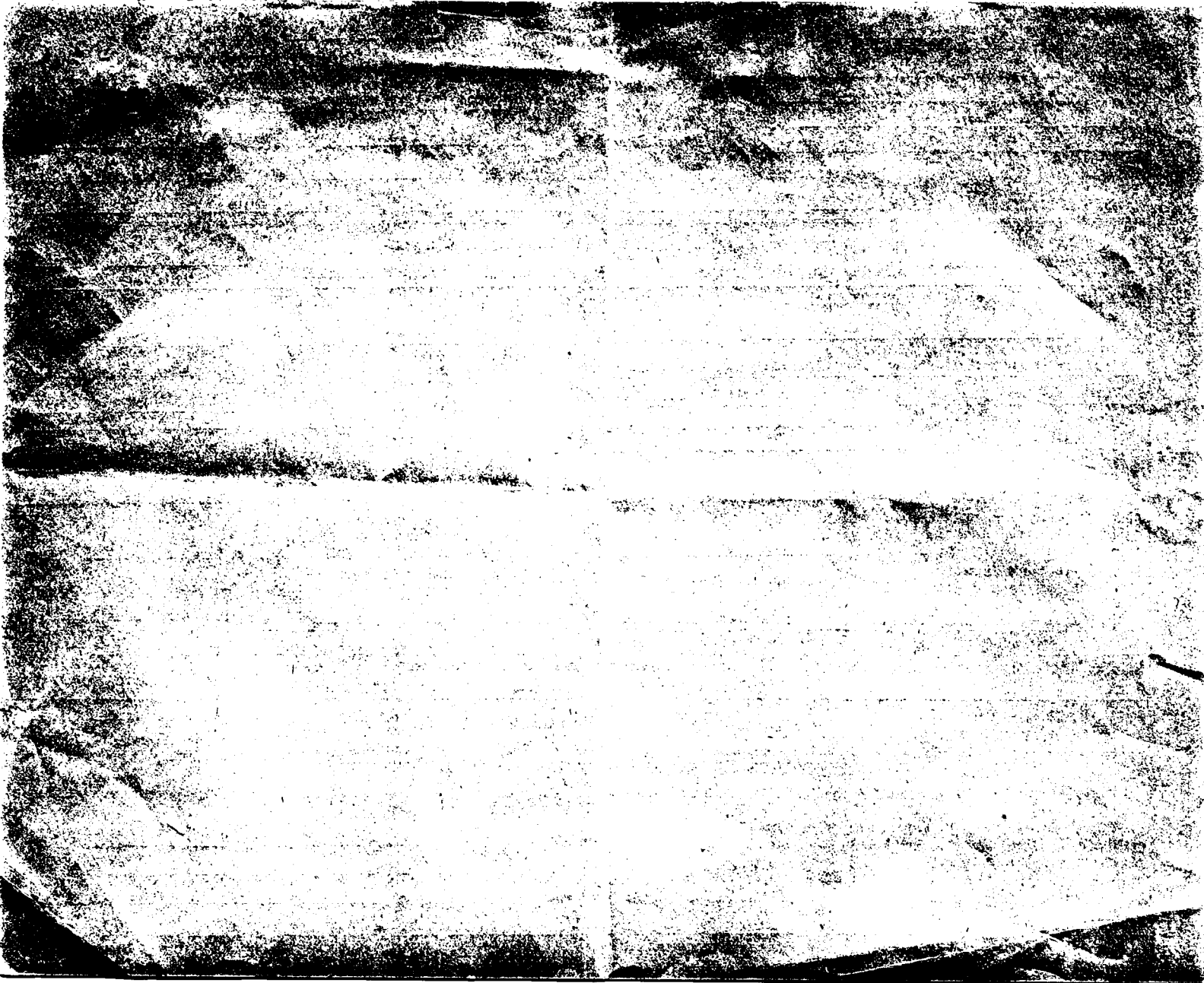
I hereby certify that I attended the birth of this child, who was Still born at 3:34 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) D. D. D., M. D.
or _____, Midwife
Address Adams Falls Idaho
Filed June 17, 1938 A. C. Duff
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville DEPARTMENT OF PUBLIC WELFARE
City of Idaho Falls BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109725Registration District No. 73Primary Registration District No. 2150Local Registrar's No. 118(No. L. A. B. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still birth(a) Residence No. -St. -

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX girl 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced,

HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Infant7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min. Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho13. NAME Urn Vincent Neal14. BIRTHPLACE (city or town) Spokane
(State or country) Washington15. MAIDEN NAME Therese Louella Cuthbert16. BIRTHPLACE (city or town) Biglby
(State or country) Idaho17. INFORMANT Mrs. V. V. Neal
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place L. A. B. Hospital Date 6/8/38 193819. UNDERTAKER None
(Address)20. FILED 6/17, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193822. I HEREBY CERTIFY, That I attended deceased from June 6 1938, to June 6 1938.I last saw him alive on June 6 1938; death is saidto have occurred on the date stated above, at 3:34 a. m.

The principal cause of death and related causes of importance were as follows:

Necrosis of Placenta with death of the cord. Date of onset 6/9/38

Other contributory causes of importance:

Name of operation normal only Date of 6/6/38What test confirmed diagnosis? No clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

1938

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or

in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No(Signed) Idaho Falls M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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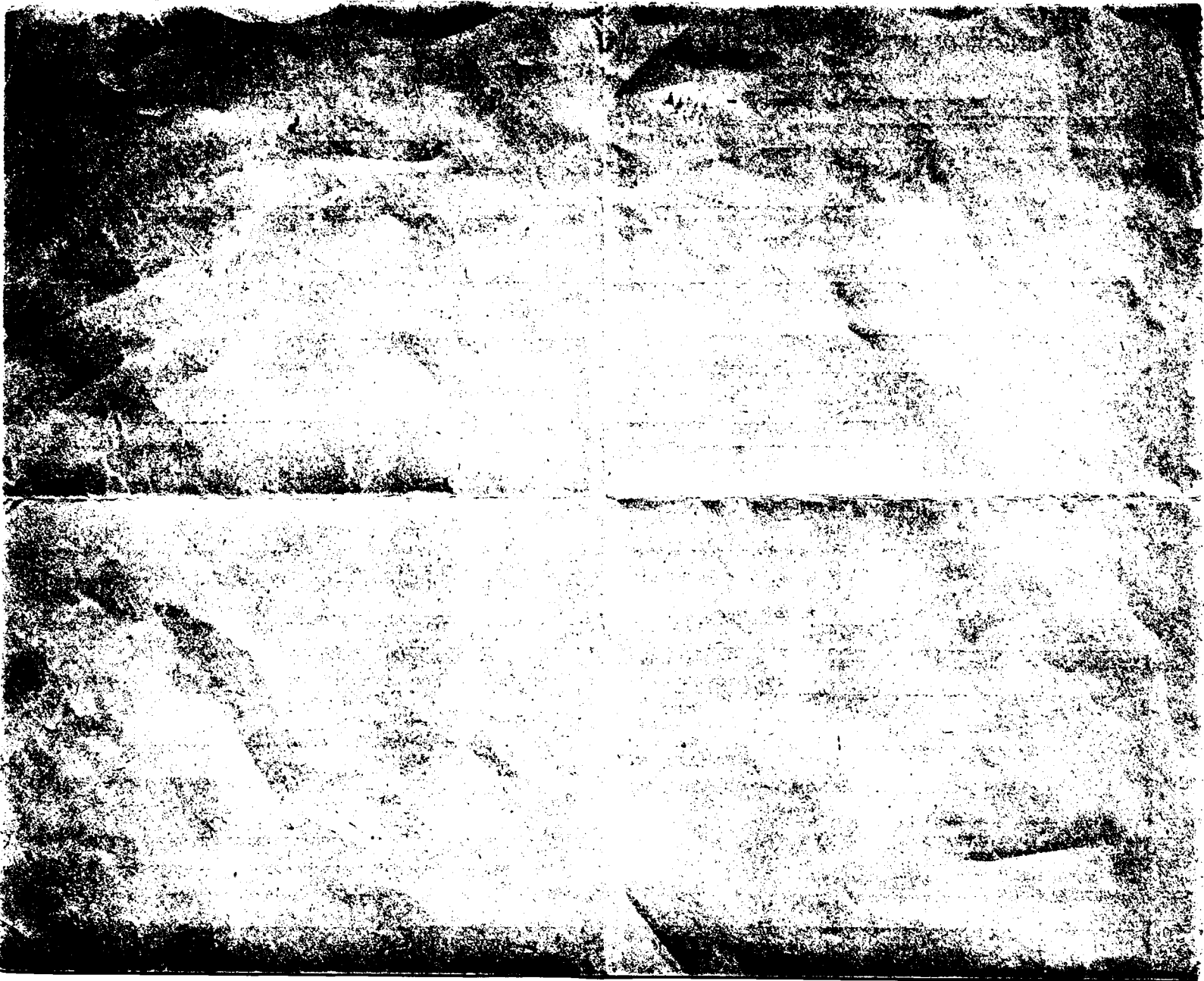
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		268119	
County of <u>Bonneville</u> City of <u>Blaine, Teton, Idaho</u> No. <u>1111111111</u> St. <u>Blaine, Teton</u>		JUL 11 1938 Registration District No. <u>73</u>		State File No. <u>2714-0</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2714-0</u>		Local Registrar's No. <u>367</u>	
2. FULL NAME OF CHILD <u>Betty Beesley Stillbirth</u>					
3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>6/10</u> 19 <u>38</u> (Month, Day, Year)
9. Full name <u>Henry Adolbert Beesley</u>	FATHER		18. Full maiden name <u>Beva Christensen</u>		
10. Residence (usual place of abode) <u>Driggs, Ida.</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Driggs, Ida.</u> (If non-resident, give place and State)			
11. Color or race <u>w</u>	12. Age, at last birthday <u>22</u> (years)		20. Color or race <u>w</u>		
13. Birthplace (city or place) <u>Salt Lake City</u> (State or Country)		21. Age at last birthday <u>27</u> (years)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		22. Birthplace (city or place) <u>Lymington, Ida.</u> (State or Country)			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own farm</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
16. Date (month and year) last engaged in this work <u>June 10, 1938</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>			
17. Total time (years) spent in this work <u>17 yrs.</u>		25. Date (month and year) last engaged in this work <u>June 9, 1938</u>			
26. Total time (years) spent in this work <u>17 yrs.</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother <u>1X</u> (At time of this birth and including this child)		(a) Born alive and now living <u>1111</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 mo.</u>		{ months or weeks		30. Cause of Stillbirth <u>mat. development</u> <u>of placenta ruptured</u> During labor. <u>5 days</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>5 1/2</u> m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>[Signature]</u> , M. D.					
or <u>[Signature]</u> , Midwife					
Address <u>Driggs Falls, Idaho</u>					
Filed <u>June 17</u> , 19 <u>38</u> <u>[Signature]</u> Registrar.					

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.
(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Driggs

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73Primary Registration District No. 2140(No. 105 Hospital)

DO NOT WRITE IN THIS SPACE

State File No. 109728Local Registrar's No. 121

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Beesley Stillborn(a) Residence No. Driggs, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Stillborn

6. DATE OF BIRTH (month, day, and year)

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) _____ (State or country) _____

13. NAME Henry Adelbert Beesley

14. BIRTHPLACE (city or town) Salt Lake City (State or country) Utah

15. MAIDEN NAME Belva Christensen

16. BIRTHPLACE (city or town) Lynn (State or country) Ida

17. INFORMANT Mr. H. A. Beesley (Address) Driggs, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Driggs Date 6/12, 1938

19. UNDERTAKER W. M. O'Connell (Address) St. Anthony Idaho

20. FILED 6/10, 1938 Driggs Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6/10 193822. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 10, 1938I last saw her alive on June 10, 1938; death is said to have occurred on the date stated above, at 5:50 PM.

The principal cause of death and related causes of importance were as follows:
Malformation of
placenta &
construction of cord

Date of onset

Before
birth
4 to 5 days

Other contributory causes of importance:

Name of operation normal childbirth Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Dr. W. M. O'Connell M. D.(Address) Driggs Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bonneville</u> City of <u>Shosh Falls</u> No. <u>L. A. S. Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>73</u> State File No. <u>268165</u> Prim. Registration District No. <u>210</u> Local Registrar's No. <u>417</u> <u>Stillbirth</u>	
2. FULL NAME OF CHILD			
8. Sex <u>Girl</u>	If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Legitimate? <u>yes</u>
9. Full name FATHER <u>Marlow J. Rowan</u>		18. Full maiden name MOTHER <u>Emma Lindsay</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Paris Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Paris Idaho</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>20</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>20</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Murray Utah</u>		22. Birthplace (city or place) (State or Country) <u>Shosh Falls Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Fathers Garage</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>June 1938</u>		25. Date (month and year) last engaged in this work <u>June 1938</u>	
17. Total time (years) spent in this work <u>2 years</u>		26. Total time (years) spent in this work <u>1</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 mo</u> { months or weeks		30. Cause of Stillbirth { During labor. Before labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:35 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed)

or

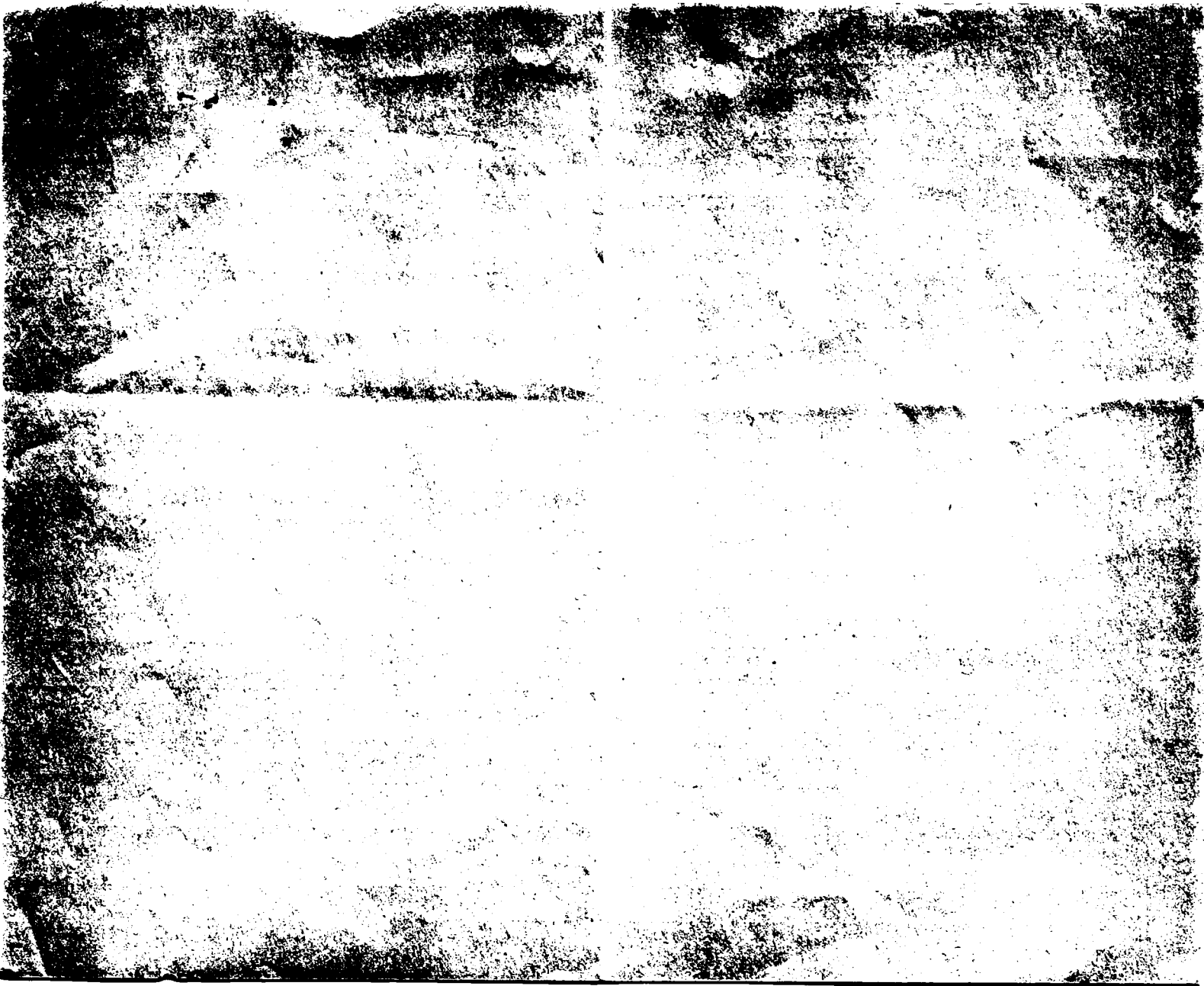
Address

Filed

193

Registrar.

Midwife



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bannock STATE OF IDAHO
City of Idaho Falls DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111463

NOV - 7 1938

Registration District No. 13Primary Registration District No. 2123Local Registrar's No. 228(No. L. D. A. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Still birth

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Girl 4. Color or Race Inf 5. Single, Married, Widowed or Divorced (write the word) Inf

6a. If married, widowed or divorced

HUSBAND of
(or) WIFE of Still birth

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min. Infant8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho13. NAME Margaret J. Rowan14. BIRTHPLACE (city or town) Murray
(State or country) Utah15. MAIDEN NAME Emma Lindsay16. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho17. INFORMANT Mrs. M. J. Rowan
(Address) L. D. A. Hospital18. BURIAL, CREMATION OR DISPOSAL
Place Idaho Falls Date 7-29, 193819. UNDERTAKER None
(Address)20. FILED Oct 7, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6/27/193822 I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to June 27, 1938I last saw h. e. alive on June 27, 1938; death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:Myocardial Infarction
Overexertion
Date of onset Over 4 days before birthOther contributory causes of importance:
Long standing hypertension
of mother 3 mo beforeName of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) [Signature] M. D.
(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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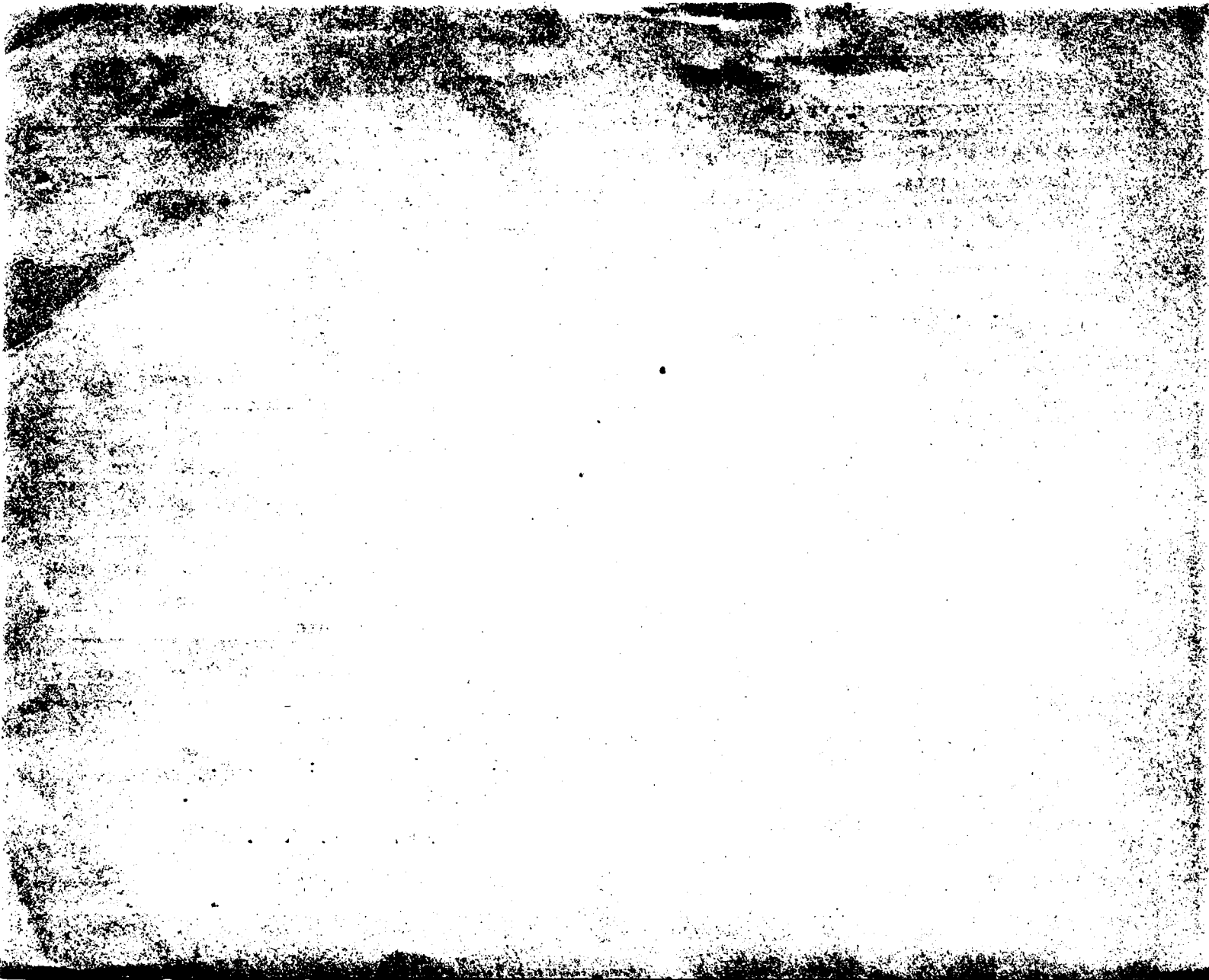
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Caldwell, Idaho</u> No. <u>Caldwell Sanitarium</u> St. <u>JUL 8 - 1938</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 268239 S	
(If born in hospital or institution give name.)		Registration District No. <u>1</u>	State File No. <u>S</u>
2. FULL NAME OF CHILD		Prim. Registration District No. <u>1005</u>	Local Registrar's No. <u>185</u>
<u>Baby Zobell - Shelforn</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>June 16, 1938</u> (Month, Day, Year)			
9. Full name <u>H. D. Zobell</u>		18. Full maiden name <u>Hortense Bernhisel</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Parma</u>	
11. Color or race <u>white</u>		12. Age at last birthday <u>26</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		20. Color or race <u>white</u>	
		21. Age at last birthday <u>22</u> (years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Field Man for Sugar Co</u>		22. Birthplace (city or place) (State or Country) <u>Utah</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
16. Date (month and year) last engaged in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
19. in this work		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>			
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 months</u> { months or weeks		20. Cause of Stillbirth { During labor <u>XX</u> Before labor	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3:15 A. M.</u> on the date above stated. (Born Alive or Stillborn)			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>3:15 A. M.</u> on the date above stated. (Born Alive or Stillborn)			
(Signed) <u>F. M. Cole</u> , M. D. or <u>F. M. Cole, M. D.</u> , Midwife Address <u>Caldwell, Idaho</u> Filed <u>June 16</u> , 193 <u>8</u> <u>F. M. Cole</u> Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Calderwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. 1003

DO NOT WRITE IN THIS SPACE

State File No. 109771Local Registrar's No. 67RECEIVED
JUL 8 - 1938

(No. _____)
(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Babe Benny B. Zobel (Willow) 215

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) June 16 - 1938

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Calderwell Idaho
(State or country)

13. NAME Benny Zobel

14. BIRTHPLACE (city or town) Pigby Idaho
(State or country)

15. MAIDEN NAME Bertine Bernice

16. BIRTHPLACE (city or town) Utah
(State or country)

17. INFORMANT Benny Zobel
(Address) Bama Ida

18. BURIAL, CREMATION OR REMOVAL
Place Canyon Hill Date July 17 1938

19. UNDERTAKER C. V. Beckham
(Address) Calderwell Idaho

20. FILED 6/24 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-16-1938

22 I HEREBY CERTIFY That I attended deceased from _____ 1938 to _____ 1938.

I last saw him/her on _____ 1938. death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Born injury

Date of onset

Other contributory causes of importance:

Narrow pelvis
in pelvis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? Yes specify _____

(Signed) J. L. Baker M. B. Baker
(Address) Calderwell Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Cassia
City of Caldwell
No. 617 Belmont St.

JUL 8 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 268242

Registration District No. 1 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1015 Local Registrar's No. 189

2. FULL NAME OF CHILD not named Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 6/1/17, 1938
(Month, Day, Year)

9. Full name FATHER Best Davidson
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell
11. Color or race W | 12. Age at last birthday 52 (years)
13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Idola Price
19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell
20. Color or race W | 21. Age at last birthday 46 (years)
22. Birthplace (city or place) (State or Country) Nevada Missouri

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. A.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 7 (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months _____ or weeks _____
30. Cause of Stillbirth Suppated during birth
inspiration - French

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10:50 P. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

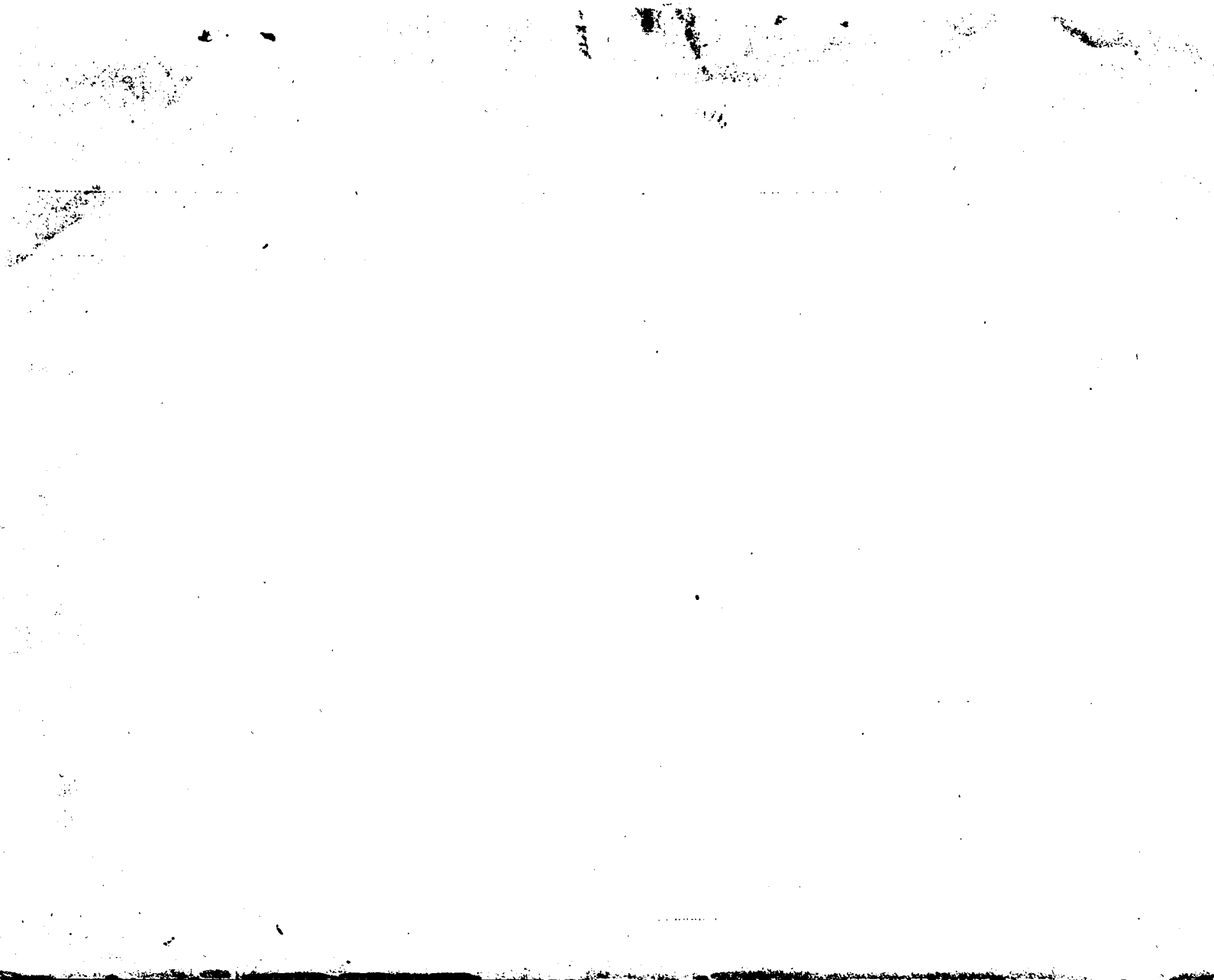
Registrar.

(Signed) A. A. Newberry, M. D.

or _____, Midwife

Address Caldwell, Ida

Filed June 17, 1938 _____ Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Calwell

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 1002 Local Registrar's No. 63

DO NOT WRITE IN THIS SPACE

State File No. 109772

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days
0 0 0 If LESS than 1 day hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Date

19. UNDERTAKER (Address)

20. FILED

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 1938

22. I HEREBY CERTIFY That I attended deceased from June 17, 1938, to June 17, 1938

I last saw h. alive on 1938 death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

asphyxiation
due to Brain presentation
no death being present

Other contributory causes of importance

Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

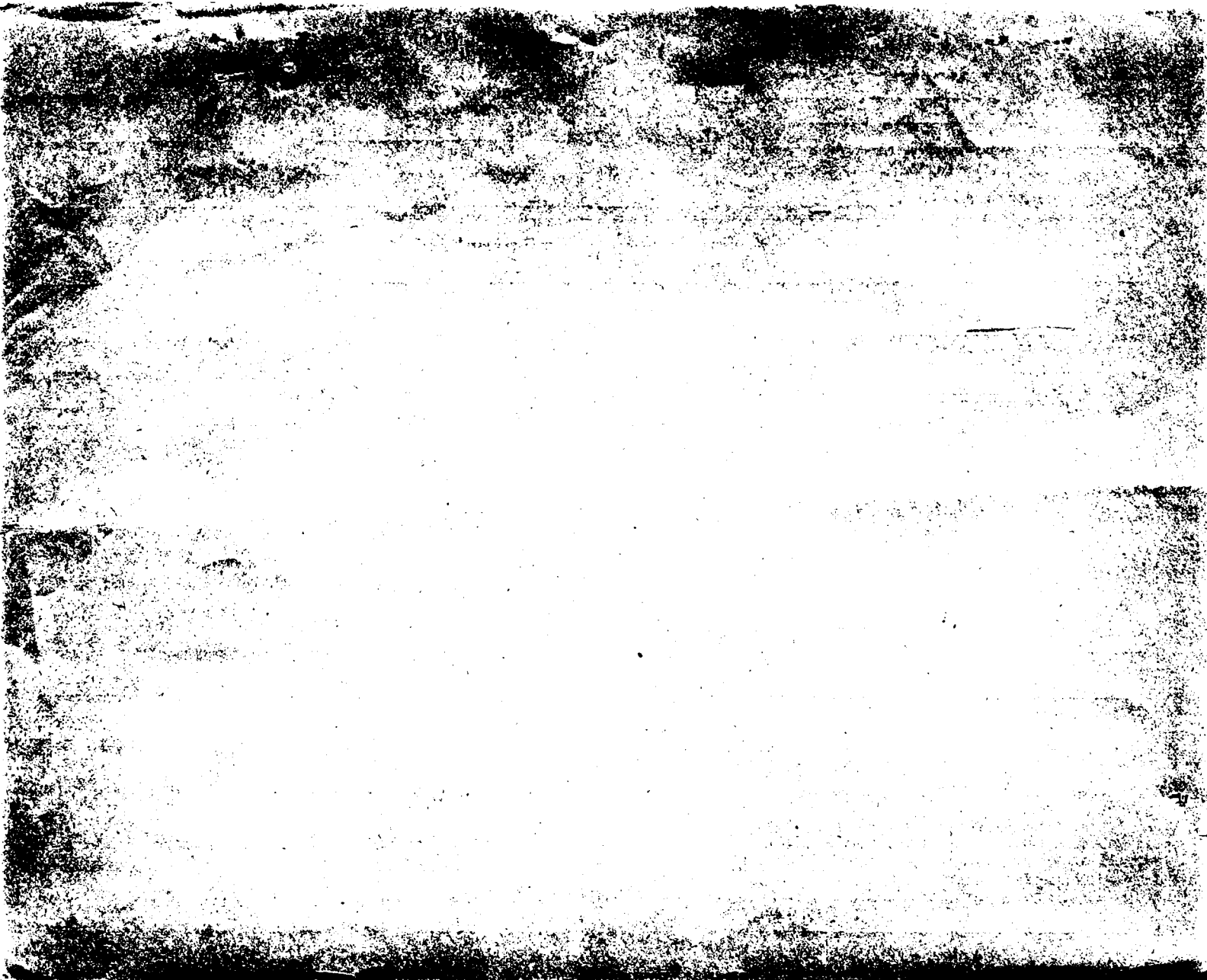
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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth & Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IOWA	
County of <u>Cass</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Burley</u>		BUREAU OF VITAL STATISTICS	
No. _____ St. _____		JUL 12 1938	
Registration District No. <u>117</u>		State File No. <u>268289</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2196</u> Local Registrar's No. <u>188</u>	
2. FULL NAME OF CHILD <u>Baby Leigh - Stillborn</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>May 14 1938</u> (Month, Day, Year)			
9. Full name <u>St. Bonett</u> FATHER		18. Full maiden name <u>Ira M. Marchessault</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley</u>	
11. Color or race <u>wh</u> 12. Age at last birthday <u>43</u> (years)		20. Color or race <u>wh</u> 21. Age at last birthday <u>33</u> (years)	
13. Birthplace (city or place) <u>Buffalo, Kansas</u> (State or Country)		22. Birthplace (city or place) <u>Kansas</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>✓</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>None</u>	
16. Date (month and year) last engaged in this work <u>May 1 1938</u>		25. Date (month and year) last engaged in this work <u>May 1 1938</u>	
17. Total time (years) spent in this work <u>✓</u>		26. Total time (years) spent in this work <u>✓</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>6 mo</u> { months <u>or</u> weeks _____		30. Cause of Stillbirth { During labor _____ Before labor <u>placenta previa</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE <u>30</u>			
I hereby certify that I attended the birth of this child, who was <u>alive Stillborn</u> at <u>10</u> p. m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>L. M. Keen</u> M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Burley</u>	
Registrar. _____		Filed <u>7-11</u> 1938 <u>Laura J. Spischer</u> Registrar.	



PLACE OF DEATH

County of Lincoln
City of Burling

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109390

Registration District No. 117Primary Registration District No. 2176Local Registrar's No. 40(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. Burling

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M4. Color or Race W5. Single, Married, Widowed or Divorced (write the word) Inf5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 5-15-38

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last work-
ed at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Burling13. NAME Sanct M Leigh14. BIRTHPLACE (city or town)
(State or country) Badulis15. MAIDEN NAME Ira Muehnd16. BIRTHPLACE (city or town)
(State or country) Conrad17. INFORMANT Sanct M Leigh

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place BurlingDate 5-19-3819. UNDERTAKER J. J. Parker

(Address)

20. FILED 5-17-38

Laura S. Spracher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5-15-38 19322 I HEREBY CERTIFY, That I attended deceased from
5-14, 1938, to 5-14, 1938.I last saw h. dead 1938: death is said
to have occurred on the date stated above, at ____ m.The principal cause of death and related causes of im-
portance were as follows:

Premature delivery? no
Version - external
Forceps del. & head.
Still born.

Date of onset

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an
autopsy? ____

23. If death was due to exter'l causes (violence) fill in also
the following:Accident, suicide, or homicide? ____ Date of injury ____
193 ____Where did injury occur? ____
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or
in public place.

Manner of injury ____

Nature of injury ____

24 Was disease or injury in any way related to occupation
of deceased? ____ If so, specify ____(Signed) M. Kelly

M. D.

(Address Burling)

OCCUPATION

MOTHER FATHER

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

386 112 020 819		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		S 268337	
1. PLACE OF BIRTH County of <u>Elmore</u> City of <u>Glenns Ferry</u> No. _____ St. _____		JUL 5 - 1938 Registration District No. <u>35</u> State File No. _____			
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2071</u>		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Raymond Lowell Thompson</u>					
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>
			8. Date of birth <u>June 12 1938</u> (Month, Day, Year)		
9. Full name <u>Lowell James Thompson</u>			18. Full maiden name <u>Verna Mae Harmon</u>		
10. Residence (usual place of abode) (If non-resident give place and State) <u>Glenns Ferry Idaho</u>			19. Residence (usual place of abode) (If non-resident give place and State) <u>Glenns Ferry Idaho</u>		
11. Color of race <u>White</u>		12. Age at last birthday <u>24</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Hyoming</u>		22. Birthplace (city or place) (State or Country) <u>Idmon Idaho</u>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>O. L. R. Co.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>at home</u>		
	16. Date (month and year) last engaged in this work <u>Nov 1 1937</u>		25. Date (month and year) last engaged in this work <u>June 12 1938</u>		
17. Total time (years) spent in this work <u>2 yrs</u>		26. Total time (years) spent in this work <u>2 yrs</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>Yes</u>					
29. If stillborn, period of gestation _____ { months or weeks			30. Cause of Stillbirth _____ { Before labor _____ During labor _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>2:30</u> p. m. on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____			(Signed) <u>John W. Davis</u> , M. D. or _____, Midwife Address <u>Glenns Ferry Idaho</u> Filed <u>June 30 1938</u> <u>Mary Sullivan</u> Registrar.		

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109817

Registration District No. 35

Primary Registration District No. 2021

Local Registrar's No. 215

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day — hrs.
or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

June 13, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) 12 1938

22 I HEREBY CERTIFY, That I attended deceased from
193 to 193

I last saw h. alive on 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 193

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed)

(Address)

John W. Davis, M.D.
Glennis Ferry, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and number of each in order of birth, stated

City of Emmett
No. 268372

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

268372

Registration District No. 6 State File No. 6

(If born in hospital or institution give name.)

Registration District No. 6 Local Registrar's No. 6

2. FULL NAME OF CHILD

Billy Rolland Massingale (Stillborn)

3. Sex male { 4. Twin, triple, or other no 6. Premature no 7. Legitimate yes 8. Date of birth July 14, 1938
(Month, Day, Year)

9. Full name Elmer Lorenz Massingale FATHER 18. Full maiden name Jennie Elizabeth Powers MOTHER

10. Residence (usual place of abode) Emmett 19. Residence (usual place of abode) Emmett
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 37 (years) 20. Color or race W 21. Age at last birthday 37 (years)

13. Birthplace (city or place) Nebraska 22. Birthplace (city or place) Nebraska
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Common Labor 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Common Labor

16. Date (month and year) last engaged in this work 1938 17. Total time (years) spent in this work 1938 25. Date (month and year) last engaged in this work 1938 26. Total time (years) spent in this work 1938

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 7

28. Number of children of this mother (At time of this birth and including this child) 7
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 7 1/2 months 30. Cause of stillbirth accidental hemorrhage from placenta
months or weeks Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Stillborn) at 1 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) J. H. Reynolds, M. D.

or Emmett, Idaho, Midwife

Address Emmett, Idaho

Filed July 5, 1938 J. H. Reynolds
Registrar Registrar

[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of *Ben*
City of *Ben*
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. *109833*Registration District No. *6*Primary Registration District No. *6*Local Registrar's No. *215*

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Infant son of Mr & Mrs E. L. Massingale*(a) Residence No. *Emmett Idaho* St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX *male* 4. Color or Race *white* 5. Single, Married, Widowed or Divorced (write the word) *Infant*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *6/11/38*7. AGE Years Months Days
Newborn 1 day *less* than 1 day *hrs.* or *min.*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) *Emmett Idaho*13. NAME *E. L. Massingale*14. BIRTHPLACE (city or town) (State or country) *Nebraska*15. MAIDEN NAME *Jennie E. Flowers*16. BIRTHPLACE (city or town) (State or country) *Nebraska*17. INFORMANT *E. L. Massingale* (Address) *Emmett Idaho*18. BURIAL, CREMATION OR REMOVAL Place *Emmett Idaho* Date *6/12, 1938*19. UNDERTAKER *C. Buckner* (Address) *Emmett Idaho*20. FILED *6/11*, 1938 *J. R. Reynolds* Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) *6/11 1938*22 I HEREBY CERTIFY, That I attended deceased from *1938*, 1938, to *1938*, 1938.I last saw h. *Still born baby* alive on *1938*: death is said to have occurred on the date stated above, at *accidental hemorrhage of placenta before birth* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury *1938*

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *J. R. Reynolds* M. D.(Address) *Emmett Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

259 209 026 295

1. PLACE OF BIRTH
County of Jefferson
City of Payson
No. Route 1 St.

JUL 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 98 State File No. 268440
Prim. Registration District No. 2176 Local Registrar's No. 268440

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Marcel Mae Kershaw

3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other <u>no</u> 5. Number, in order of birth _____	6. Premature <u>+</u> <u>36 weeks</u> Full term	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 9, 1938</u> Month, Day, Year
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9. Full name FATHER Charles Elmer Kershaw
10. Residence (usual place of abode)
(If non-resident, give place and State) Payson
11. Color or race W 12. Age at last birthday 16 (years)
13. Birthplace (city or place)
(State or Country) St. Anthony Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work present 19____
17. Total time (years) spent in this work life

18. Full maiden name MOTHER Joie Mable Kingham
19. Residence (usual place of abode)
(If non-resident, give place and State) Payson
20. Color or race W 21. Age at last birthday 38 (years)
22. Birthplace (city or place)
(State or Country) Leicester Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work present 19____
26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? (Stillborn)

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation <u>36 weeks</u> { months or weeks	30. Cause of stillbirth <u>Pre-eclampsia & placenta</u> { Before labor <u>+</u> During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) J. Harper Bulley, M. D.
or _____, Midwife
Address Payson, Idaho
Filed JUL 10 1938, 1938 Mrs. A. Beckersell
Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
County of <u>Jefferson</u>		DEPARTMENT OF PUBLIC WELFARE		State File No. <u>109853</u>	
City of <u>Rigby #1</u>		BUREAU OF VITAL STATISTICS			
CERTIFICATE OF DEATH					
Registration District No. <u>98</u>				Local Registrar's No. <u>26</u>	
Primary Registration District No. <u>2176</u>					
(No _____)					
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Marcella Mae Kershaw</u>					
(a) Residence No. _____				St. _____	
(Usual place of abode)				(If nonresident give city or town and state)	
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>Female</u>		4. Color or Race <u>white</u>		5. Single, Married, Widowed or Divorced (write the word) <u>stillborn</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>stillborn</u>					
6. DATE OF BIRTH (month, day, and year) <u>June 9-38</u>					
7. AGE Years <u>0</u>		Months <u>0</u>		Days <u>0</u>	
				If LESS than 1 day ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____		11. Total time (years) spent in this occupation _____		
MOTHER	12. BIRTHPLACE (city or town) <u>Rigby</u> (State or country) <u>Idaho #1</u>				
	13. NAME <u>Charles Elmer Kershaw</u>				
	14. BIRTHPLACE (city or town) <u>St. Anthony</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Josie Mabel Kinghorn</u>				
FATHER	16. BIRTHPLACE (city or town) <u>Lewisville</u> (State or country) <u>Idaho</u>				
	17. INFORMANT <u>C. E. Kershaw</u> (Address) <u>Rigby #1</u>				
	18. BURIAL, CREMATION OR INTERMENT Place <u>Lewisville</u> Date <u>June 10</u> 193 <u>8</u>				
	19. UNDERTAKER <u>none</u> (Address) _____				
20. FILED <u>6-10</u> , 193 <u>8</u> <u>Marcella Mae Kershaw</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH.					
21. DATE OF DEATH (month, day and year) 193 <u>8</u>					
22 I HEREBY CERTIFY, That I attended deceased from <u>birth</u> , 193 <u>8</u> , to <u>June 9</u> , 193 <u>8</u> .					
I last saw h. _____ alive on <u>none</u> 193 <u>8</u> : death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn</u> <u>Prematurity</u>					Date of onset <u>June 9 '38</u>
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 193 _____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place _____					
Manner of injury _____					
Nature of injury _____					
24 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____					
(Signed) <u>J. Harper Bulley</u> , M. D.					
(Address) <u>Rigby, Idaho</u>					

7/5

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUL 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S268500

1. PLACE OF BIRTH
County of Kootenai
City of Spirit Lake Idaho
No. Spirit Lake Hosp. St.
(If born in hospital or institution give name.)

Registration District No. 45 State File No. _____
Prim. Registration District No. _____ Local Registrar's No. 15

2. FULL NAME OF CHILD Infant Foley - Still born

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth 6-9-1938 (Month, Day, Year)

9. Full name FATHER Thomas Francis Foley
10. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake Idaho
11. Color or race W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) New Brunswick Canada

18. Full maiden name MOTHER Margaret Bubb
19. Residence (usual place of abode) (If non-resident, give place and State) Spirit Lake Idaho
20. Color or race W 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Set up man
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Planing mill
16. Date (month and year) last engaged in this work at present 19____ 17. Total time (years) spent in this work 4 yrs

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. Keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work at present 19____ 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 4 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Forrest Louisa M. D.
or _____ Midwife
Address Spirit Lake Idaho
Filed 7/8 1938 at present
Registrar.

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Spirit Lake

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

109868

State File No. 11Registration District No. 47

Primary Registration District No. _____ Local Registrar's No. _____

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Faley
(a) Residence. No. Spirit Lake Idaho
(Usual place of abode)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>—</u>
5a. If married, widowed, or divorced HUSBAND of <u>Still born</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>6-9-38</u>		
7. AGE <u>Term</u>	Years <u>—</u>	Months <u>—</u>
Days <u>—</u>		If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>		
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>		
10. Date deceased last worked at this occupation (mo. and yr.)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Spirit Lake</u> (State or country) <u>Idaho</u>		
13. NAME <u>Thomas F. Faley</u>		
14. BIRTHPLACE (city or town) <u>New Brunswick Canada</u> (State or country)		
15. MAIDEN NAME <u>Margaret Bubb</u>		
16. BIRTHPLACE (city or town) <u>Ritzville Wash.</u> (State or country)		
17. INFORMANT <u>Thomas F. Faley</u> (Address) <u>Spirit Lake Ida</u>		
18. BURIAL, CREMATION OR REMOVAL <u>Buried</u> Place <u>Spirit Lake Id.</u> Date <u>6-9-1938</u>		
19. UNDERTAKER <u>C. S. G. Funeral Home</u> (Address) <u>Pithsburg Ida.</u>		
20. FILED <u>6/9</u> , 1938. <u>A. Spooner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) <u>6-9-1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>6-9-1938</u> , 1938, to <u>6-9-1938</u> , 1938. I last saw him alive on <u>6-9-1938</u> , 1938; death is said to have occurred on the date stated above, at <u>—</u> m. The principal cause of death and related causes of importance were as follows: <u>Still born</u>
Date of onset
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury, 1938. Where did injury occur? _____ (Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>F. Forest Loggins</u> M. D. (Address) <u>Spirit Lake Idaho</u>

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, ashenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Retail
City of Moscow, Idaho
No. _____ St.

RECEIVED
JUL 6 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 268508

Registration District No. 61 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. 1011 Local Registrar's No. 636

2. FULL NAME OF CHILD Stillbirth

3. Sex. <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>May 21, 1938</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name of FATHER La Roy J. Harper
10. Residence (usual place of abode)
(If non-resident, give place and State) Moscow, Idaho
11. Color or race white | 12. Age at last birthday 20 (years)

18. Full maiden name of MOTHER Jennie Milburn Skiles
19. Residence (usual place of abode)
(If non-resident, give place and State) Moscow, Idaho
20. Color or race white | 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Kansas
(State or Country)

22. Birthplace (city or place) Illinois
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work present, 1938
17. Total time (years) spent in this work 5 yrs.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work present, 1938
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
three (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 1/2 months { months or weeks
30. Cause of Stillbirth unknown { During labor _____ Before labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 9⁰⁵ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Harry J. Klaum, M. D.
or _____, Midwife
Address Moscow, Idaho
Filed _____, 1938 Harry E. Eubank
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
County of <u>Latah</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>MOSCOW</u>		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
Registration District No. <u>61</u>		DO NOT WRITE IN THIS SPACE	
Primary Registration District No. <u>10.11</u>		State File No. <u>109877</u>	
(No. <u>West 6th St.</u>)		Local Registrar's No. <u>353</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stillbirth</u>			
(a) Residence No. _____		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
If LESS than 1 day ____ hrs. or ____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>MOSCOW</u> (State or country) <u>Idaho</u>			
13. NAME <u>LaRoy J. Harper</u>			
14. BIRTHPLACE (city or town) <u>Childs</u> (State or country) <u>Kansas</u>			
15. MAIDEN NAME <u>Jennie Milbern Skiles</u>			
16. BIRTHPLACE (city or town) <u>Middleton</u> (State or country) <u>Ill.</u>			
17. INFORMANT <u>LaRoy J. Harper</u> (Address) <u>Moscow, Ida.</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>MOSCOW</u> Date <u>5/23</u> , 193 <u>8</u>			
19. UNDERTAKER <u>H. R. Short</u> (Address) <u>Moscow</u>			
20. FILED <u>5/28</u> , 193 <u>8</u> <u>Sam J. Klear</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>5/21</u> , 193 <u>8</u>			
22 I HEREBY CERTIFY That I attended deceased from <u>5-21</u> , 193 <u>8</u> , to <u>5-21</u> , 193 <u>8</u> .			
I last saw h. _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Still Birth.</u>			
<u>Prenatal.</u>			
Other contributory causes of importance:			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to exter'l causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 193____			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>Sam J. Klear</u> , M. D.			
(Address _____)			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi
City of Salmon
No. _____ St.

Rose Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 18 1930

CERTIFICATE OF BIRTH

268533

Registration District No. 41 State File No. _____

Prim. Registration District No. 2116 Local Registrar's No. _____

David Stone.

2. FULL NAME OF CHILD

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes 7. Legiti- Yes 8. Date of birth May 5, 1930 (MONTH, DAY, YEAR)

9. Full name FATHER
Zed H. Stone

10. Residence (usual place of abode) Carmen, Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 49 (years)

13. Birthplace (city or place) Tacoma, Wash
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor Operator

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, Six months period of gestation _____ 29. Cause of stillbirth Unknown other than Before labor No During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 4:20 p.m. on the date above stated.
(BORN ALIVE OR STILL BORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from
a supplemental report _____

(DATE OF)

(Signed) T. Stratton, M. D.

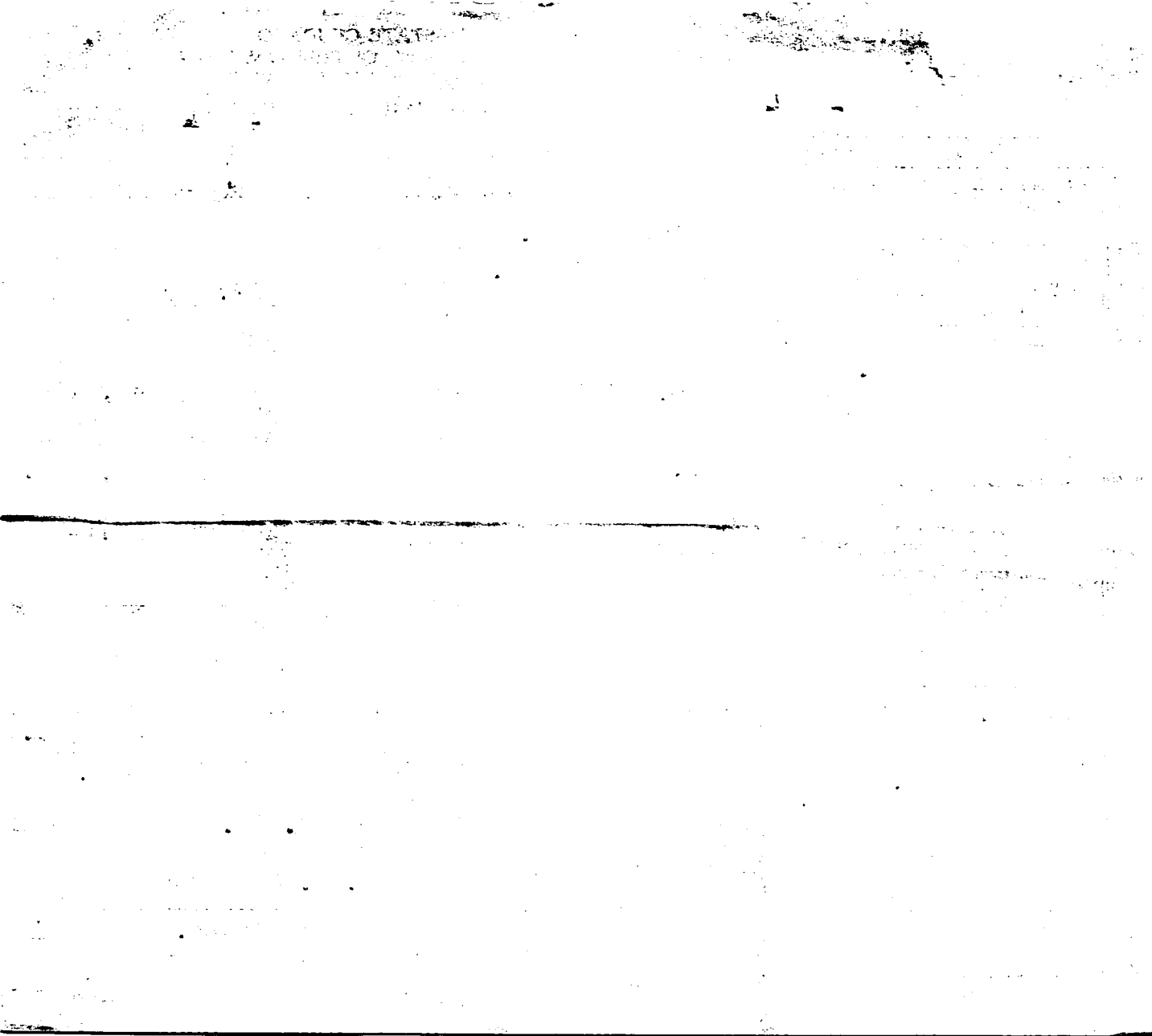
or _____, Midwife

Address Salmon, Idaho

Filed July 14, 1930 Chas E. Bellamy

Registrar.

Registrar.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-16-13

CERTIFICATE OF DEATH.

1. PLACE OF DEATH.

County of Lemhi

City of Salmon

If death occurs away from usual residence, give facts called for under special information.

Registration District No. 41

Primary Registration District No. 2+16

(No.)

(St.)

2. FULL NAME

David Stone.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

File No. 109887

Registered No.

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED.

Single

(Write the word.)

6. DATE OF BIRTH.

May 5 1938

(Month)

(Day)

(Year)

7. AGE

Stillborn

IF LESS than 1 day

how many hrs. or

min.?

Yrs. Mos. ds.

8. OCCUPATION

(a) Trade, profession or particular kind of work...

None

(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country)

Salmon, Idaho

10. NAME OF FATHER

Zed H. Stone

11. BIRTHPLACE OF FATHER

(State or Country)

Tacoma, Wash

12. MAIDEN NAME OF MOTHER

Helen Hull

13. BIRTHPLACE OF MOTHER

(State or Country)

North Fork, Idaho

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) O. T. Stratton,

(Address) Salmon, Idaho

15.

Filed

191

July 14 1938
Clis C. Bell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

May

(Month)

5

(Day)

19138

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

191

to 191

that I last saw him alive on 191

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Still-born; sixth month of gestational breech presentation

(Duration) Yrs. mos. ds.

Contributory (Secondary)

(Duration) ds.

(Signed) J. D. Stratton M. D.

19 (Address) Salmon, Idaho

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death.....yrs.....mos.....days In the State.....yrs.....mos.....days

Where was disease contracted if not at place of death?.....

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Salmon, Idaho

DATE OF BURIAL

5/5/38 191

20. UNDERTAKER

C. H. Rose,

ADDRESS Salmon, Id.

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

89115039-448

1. PLACE OF BIRTH
 County of Power
 City of American Falls, Idaho
 No. 501 Pocatello Ave St.
Schiltz Memorial Hospital

(If born in hospital or institution give name.)

Registration District No. 25 State File No. 268663

Prim. Registration District No. 2072 Local Registrar's No. 59

2. FULL NAME OF CHILD

Hartley

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth June 15, 1938 (Month, Day, Year)

9. Full name FATHER Frank Hartley

18. Full maiden name MOTHER Evelyn Udy

10. Residence (usual place of abode) Rockland, Idaho (If non-resident, give place and State)

19. Residence (usual place of abode) Rockland, Idaho (If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 38 (years)

20. Color or race W 21. Age at last birthday 37 (years)

13. Birthplace (city or place) Rockland (State or Country) Idaho

22. Birthplace (city or place) Farmington (State or Country) Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Now, 1938 17. Total time (years) spent in this work 20 Yrs

25. Date (month and year) last engaged in this work Now, 1938 26. Total time (years) spent in this work 17 Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 1/2 months { 30. Cause of stillbirth { Before labor Premature separation of plac. During labor anta.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 1:12 A.M. the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) D. L. Frachin, M. D.

or _____, Midwife

Address American Falls, Idaho

Filed 6-30, 1938 Green Saling Registrar.

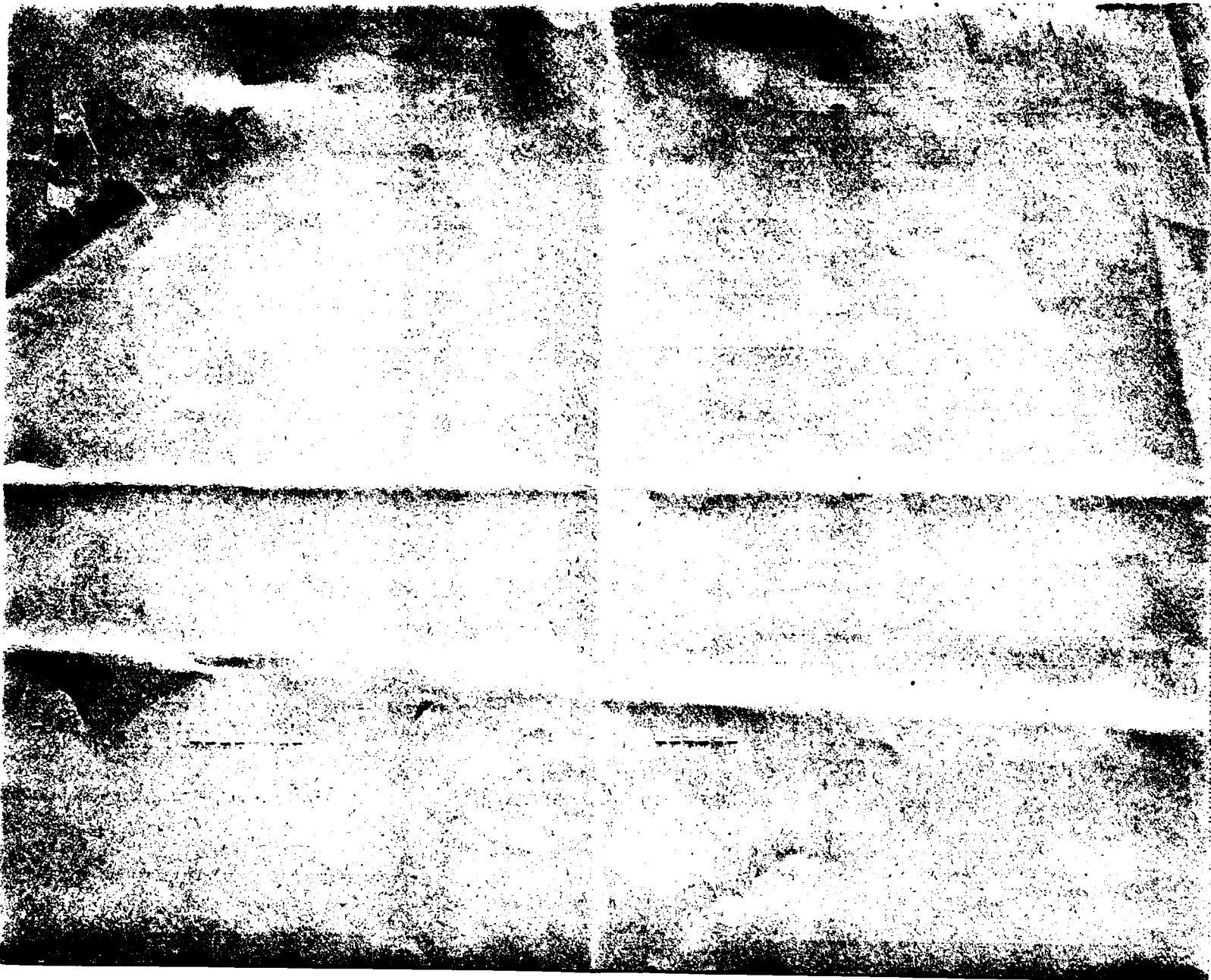
Registrar.

S

268663

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



313719 040-249

1. PLACE OF BIRTH
County of Idaho
City of Kellogg
No. Moody home St.
(If born in hospital or institution give name.)

JUL 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 123 State File No. 268671
Prim. Registration District No. 2201 Local Registrar's No. 89

2. FULL NAME OF CHILD Baby Tallon

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term X 7. Legiti- mate? yes 8. Date of birth May 19, 1938 (Month, Day, Year)

9. Full name Leslie Tallon FATHER 10. Residence (usual place of abode) Kellogg (If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Idaho (State or Country) B.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Mildred Burkhardt MOTHER 19. Residence (usual place of abode) Kellogg (If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 19 (years)
22. Birthplace (city or place) Idaho (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) /
(a) Born alive and now living _____ (b) Born alive but now dead X (c) Stillborn 1

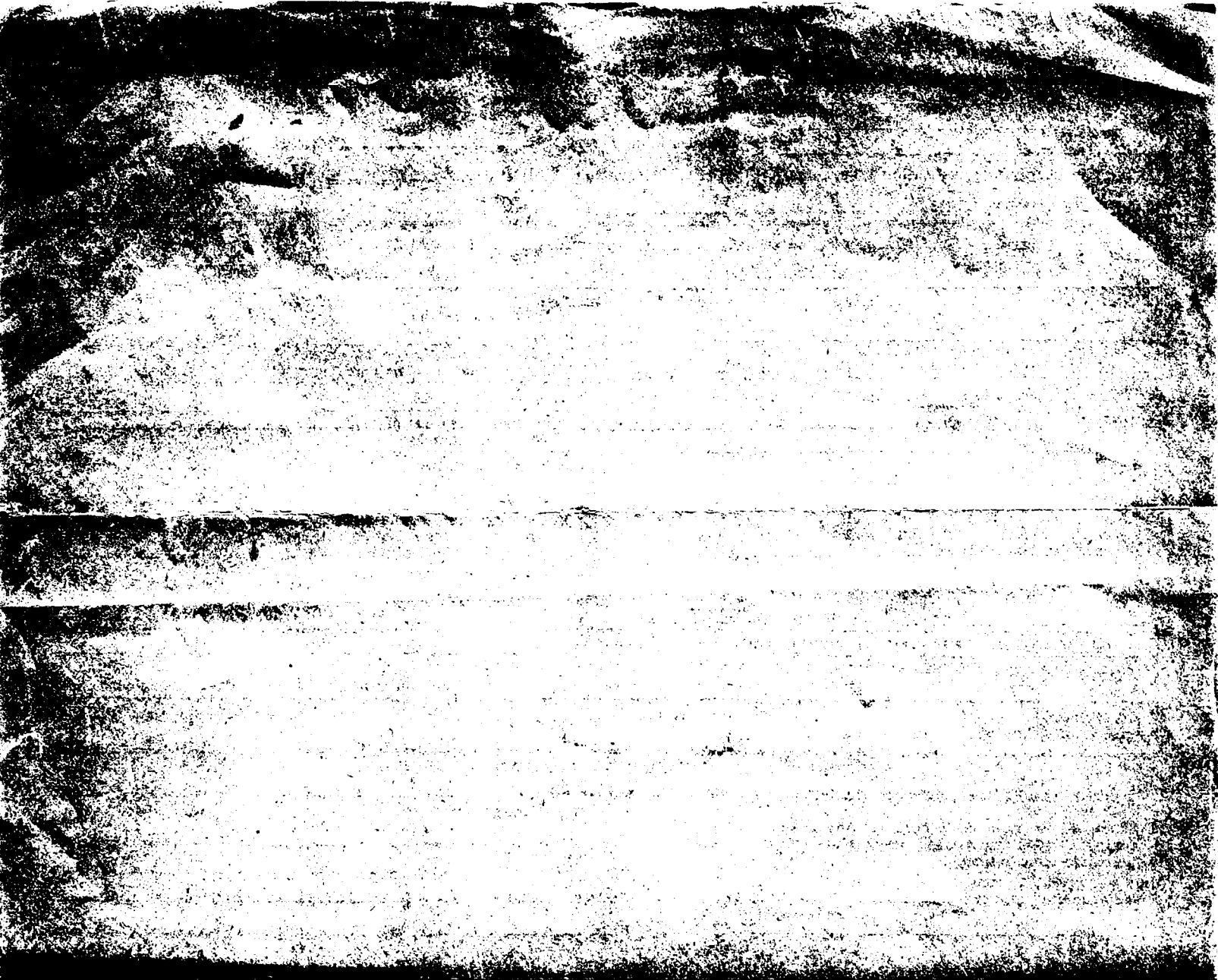
29. If stillborn, period of gestation full term { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was still born at 6:00 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____

(Signed) W. C. Lusk, M. D.
or _____, Midwife
Address Kellogg Idaho
Filed July 9, 1938 Miss Helen M. B. B. B. Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of *Shoshone*
City of *Kellogg*
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **109936**Registration District No. *123*Primary Registration District No. *2201*Local Registrar's No. *30*

2. FULL NAME *Baby Edwin Rella Tallon*
(No death occurred in a hospital or institution, give its name instead of street and number)

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX *Male* 4. Color or Race *White* 5. Single, Married, Widowed or Divorced *Single* (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) *Dec 1938*

7. AGE Years *✓* Months *✓* Days *✓* If LESS than 1 day *✓* hrs. *✓* or min. *✓*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Kellogg*
(State or country)

13. NAME *Lealie Tallon*

14. BIRTHPLACE (city or town) *Roseland, B.C.*
(State or country)

15. MAIDEN NAME *Mildred Burkhead*

16. BIRTHPLACE (city or town) *Idaho*
(State or country)

17. INFORMANT *Lealie Tallon*
(Address) *Kellogg, Idaho*

18. BURIAL, CREMATION OR REMOVAL
Place *Kellogg, Idaho* Date *May 21, 1938*

19. UNDERTAKER *P. B. Thornhill*
(Address) *Kellogg, Idaho*

20. FILED *June 9, 1938* Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) *May 19* 1938

22. I HEREBY CERTIFY, That I attended deceased from *May 19*, 1938, to _____, 1938.

I last saw him alive on _____ 1938: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stiff Bow. Date of onset

Other contributory causes of importance:

Difficult delivery. Version & breech delivery.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) *Dr. R. S. ...* M. D.

(Address) *Kellogg, Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. _____ St. _____
County Shoshone
(If born in hospital or institution give name.)

REC-
JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
268706

Registration District No. 37 State File No. _____
Prim. Registration District No. 2885 Local Registrar's No. 331

2. FULL NAME OF CHILD

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature yes Legiti- _____ Full term _____ mate? yes
7. Date of birth May 9 1938
(Month, Day, Year)

9. Full name FATHER
John Alfred Penninger
10. Residence (usual place of abode)
(If non-resident, give place and State) Twin Falls
11. Color or race white 12. Age at last birthday 27 (years)
13. Birthplace (city or place)
(State or Country) Lamar, Mo

18. Full maiden name MOTHER
Alice Della Blake
19. Residence (usual place of abode)
(If non-resident, give place and State) Twin Falls
20. Color or race white 21. Age at last birthday 33 (years)
22. Birthplace (city or place)
(State or Country) Joplin Mo

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work
present, 19____
17. Total time (years) spent in this work 5

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work
present, 19____
26. Total time (years) spent in this work 2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 5 mo { months or weeks _____
30. Cause of stillbirth Fall { Before labor 17 mo
During labor _____

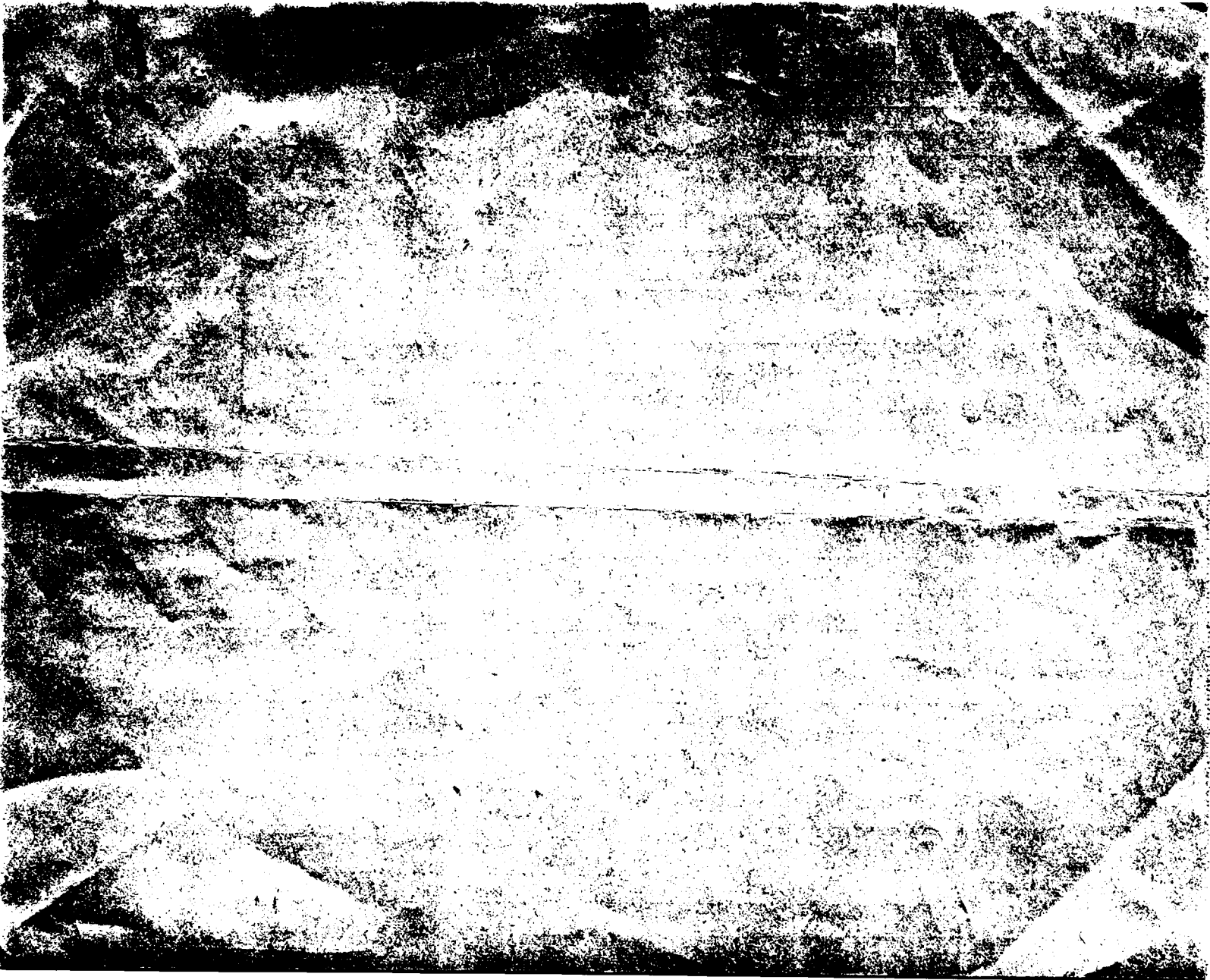
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5²⁸ p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) A. A. Boston, M. D.
or _____, Midwife
Address Twin Falls
Filed 7-8, 1938
[Signature] Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
County of <u>Twin Falls</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Twin Falls,</u>		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
Registration District No. <u>37</u>		Primary Registration District No. <u>1085</u>	
(No. <u>Twin Falls General Hosp.</u>)		Local Registrar's No. <u>141</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Baby Peninger</u>			
(a) Residence No. <u>Twin Falls, Idaho</u>		St. _____	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX <u>Fem.</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>5/9/38</u>			
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>
If LESS than 1 day _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (mo. and yr.) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Twin Falls,</u> (State or country) <u>Idaho</u>			
MOTHER FATHER	13. NAME <u>John Alfred Peninger</u>		
	14. BIRTHPLACE (city or town) <u>Lamar Mo.</u> (State or country)		
	15. MAIDEN NAME <u>Alice Leola Blade</u>		
	16. BIRTHPLACE (city or town) <u>Joplin, Mo</u> (State or country)		
17. INFORMANT <u>Mrs Alice Peninger</u> (Address)			
18. BURIAL CREMATION OR REMOVAL Place _____ Date <u>5/9/38</u> 193 <u>8</u>			
19. UNDERTAKER <u>None</u> (Address)			
20. FILED <u>7/14/38</u> 193 <u>8</u>			
MEDICAL CERTIFICATE OF DEATH.			
21. DATE OF DEATH (month, day and year) <u>5/9/38</u>			
22 I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>8</u> , to <u>5/9/38</u> , 193 <u>8</u> .			
I last saw h <u>Stillborn</u> 193 <u>8</u> : death is said to have occurred on the date stated above, at <u>5.28P</u> m.			
The principal cause of death and related causes of importance were as follows:			
			Date of onset
<u>Stillborn</u>			
<u>5 Months Gestation</u>			
Other contributory causes of importance:			
<u>Fall before labor</u>			<u>I. Mo</u>
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to exter'l causes (violence) find in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____ 193 <u>8</u>			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24 Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____			
(Signed) <u>A. A. Peninger</u> M. D.			
(Address <u>Twin Falls, Idaho</u>)			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 964207842 415 St. Suburban Matthews

JUL 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 37 State File No. 268720
(If born in hospital or institution give name.) Prim. Registration District No. 1085 Local Registrar's No. 366
2. FULL NAME OF CHILD Janet Loren Rodman (Dutton)

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth June 7 1938
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name FATHER Leonard Mervin Rodman
10. Residence (usual place of abode) Twin Falls
(If non-resident, give place and State) _____
11. Color or race Wh 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Star Ferry
(State or Country) Ida

18. Full maiden name MOTHER Dorothy Louise Dutton
19. Residence (usual place of abode) Main Ave 6
(If non-resident, give place and State) _____
20. Color or race Wh 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Cassidy, Ida
(State or Country) _____

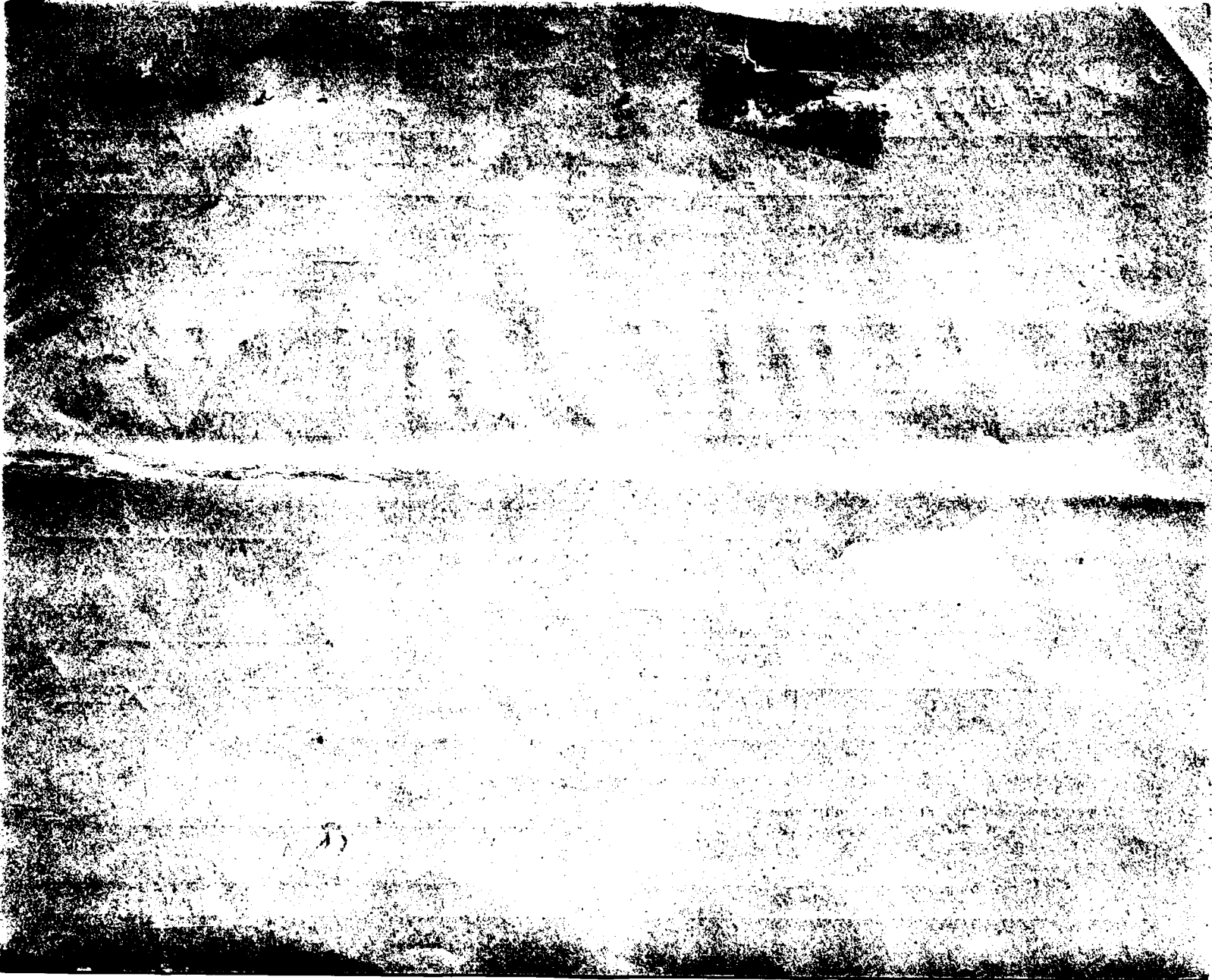
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Serv. Station mgr.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work June 1938
17. Total time (years) spent in this work 1 yr

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work June 1938
26. Total time (years) spent in this work 2 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation _____ { months or weeks _____
30. Cause of Stillbirth Cord around neck During labor X Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 3:49 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Walter B. Jendeling, M. D.
or _____ Midwife
Address 228 Main Ave, Twin Falls
Filed 7-12, 1938 _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls,
City of Twin Falls.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109954Registration District No. 37Primary Registration District No. 1085Local Registrar's No. 123(No. that home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Janet Lorene Rodman,(a) Residence No. Twin Falls, Idaho.

(Usual place of abode)

0

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Female

4. Color or Race

white5. Single, Married, Widowed or Divorced (write the word) single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 6-7-1938

7. AGE

Years
0Months
0Days
0If LESS than
1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked
at this occupation
(mo. and yr.)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) Twin Falls,
(State or country) Idaho.13. NAME Leonard Rodman,14. BIRTHPLACE (city or town) Starr's Ferry
(State or country) Idaho15. MAIDEN NAME Dorothy Davidson,16. BIRTHPLACE (city or town) Oakley,
(State or country) Idaho17. INFORMANT Leonard Rodman,
(Address) 535, Main Ave. E. City18. BURIAL, CREMATION OR REMOVAL
Place T.F. Cem. Date 6-7-, 193819. UNDERTAKER White Mortuary, Inc.
(Address) Twin Falls, Idaho.20. FILED 6-7-, 1938 J. B. L. L. L.
Registered.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 6-7 193 822. I HEREBY CERTIFY That I attended deceased from
6-7-, 1938, to 6-7-, 1938.I last saw him alive on 6-7- 1938. death is said
to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

Still birth

Date of onset

Other contributory causes of importance:

Cord around neck - short cord

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) W. B. L. L. L.
(Address) Twin Falls, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

S

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268753

JUL 14 1938

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 331-221042-142Registration District No. 37 State File No. 373(If born in hospital or institution give name.) Prim. Registration District No. 2885 Local Registrar's No. 3732. FULL NAME OF CHILD Baby girl Clark3. Sex Female If plural births { 4. Twin, triplet, or other 1st 5. Number, in order of birth 1st 6. Premature No 7. Legitimate? Yes 8. Date of birth June 21 1938 (Month, Day, Year)9. Full name FATHER Orval Freeman Clark 18. Full maiden name MOTHER Thelma Virginia Austin10. Residence (usual place of abode) (If non-resident, give place and State) Hansen 19. Residence (usual place of abode) (If non-resident, give place and State) Hansen Rt 211. Color or race Wh 12. Age at last birthday 22 (years) 20. Color or race Wh 21. Age at last birthday 21 (years)13. Birthplace (city or place) (State or Country) Ohio 22. Birthplace (city or place) (State or Country) Hansen14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife16. Date (month and year) last engaged in this work June 1938 17. Total time (years) spent in this work 1 yr 25. Date (month and year) last engaged in this work June 1938 26. Total time (years) spent in this work 1 yr27. What prophylactic was used to prevent Ophthalmia Neonatorum? None28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 029. If stillborn, period of gestation 9 months 30. Cause of Stillbirth Hydramnios During labor malformed fetus Before labor malformed fetus

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 8:40 p.m. on the date above stated.

(Born Alive or Stillborn)

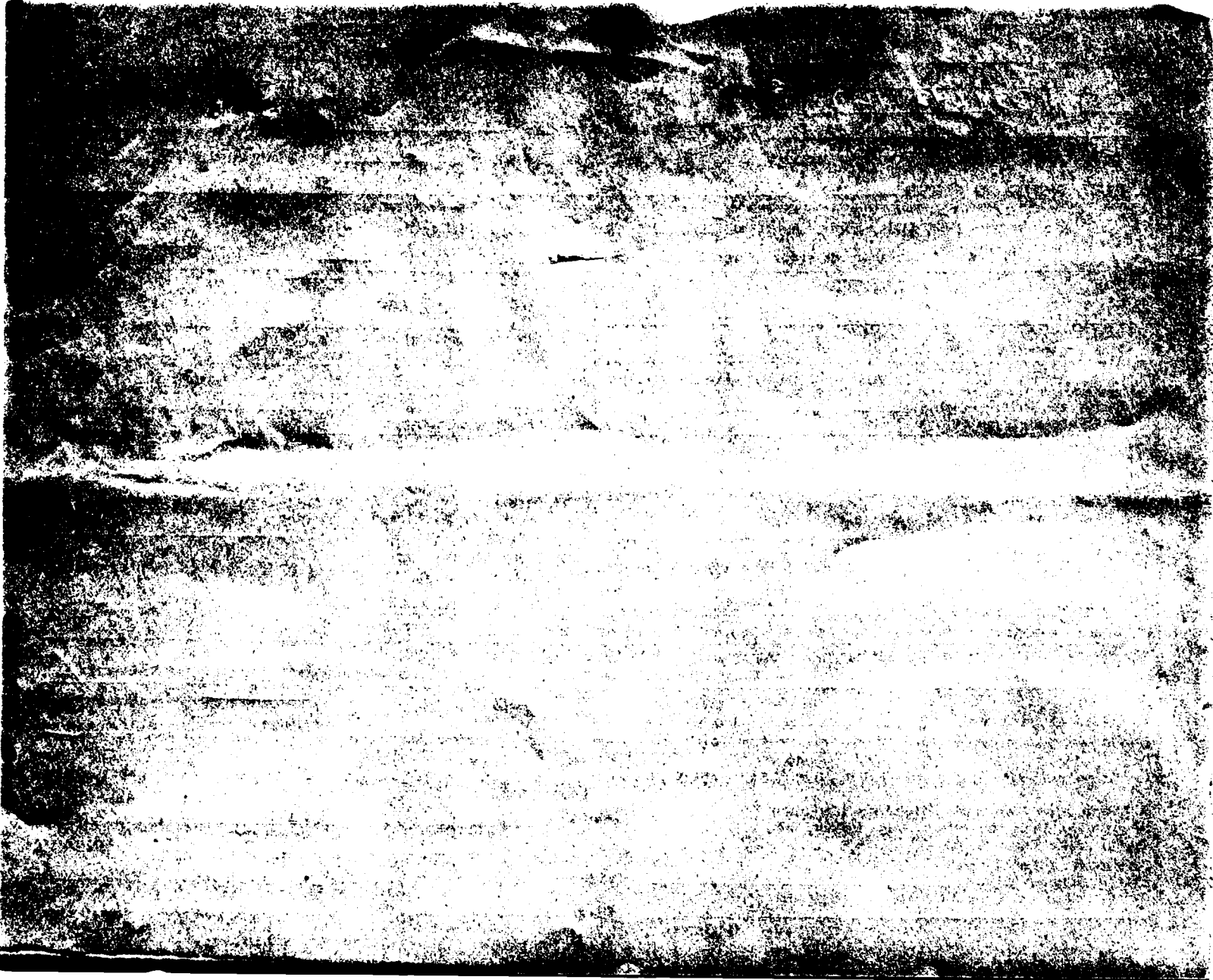
(Signed) Edith B. Fendley, M. D.or MidwifeAddress 228 Main St. So. Twin FallsFiled 7-12, 1938 Registrar

(Date of)

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
County of <u>Twin Falls</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Twin Falls</u>		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
Registration District No. <u>37</u>		Local Registrar's No. <u>130</u>	
Primary Registration District No. <u>2085</u>			
(N <u>Suburban Maternity Home</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Baby Clark</u>			
(a) Residence No. <u>--</u>		St. <u>--</u>	
(Usual place of abode)		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)	
<u>Female</u>	<u>White</u>	<u>Single</u>	
5a. If married, widowed, or divorced			
HUSBAND of			
(or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>6-21-1938</u>			
7. AGE	Years	Months	Days
	<u>0</u>	<u>0</u>	<u>0</u>
If LESS than 1 day ____ hrs. or ____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Twin Falls</u>			
(State or country) <u>Idaho</u>			
13. NAME <u>Oral Clark</u>			
14. BIRTHPLACE (city or town) <u>Kentucky</u>			
(State or country)			
15. MAIDEN NAME <u>Thelma Austin</u>			
16. BIRTHPLACE (city or town) <u>Rock Creek</u>			
(State or country) <u>Idaho</u>			
17. INFORMANT <u>Mrs. Wm Austin</u>			
(Address) <u>Rock Creek, Idaho</u>			
18. BURIAL, CREMATION OR REMOVAL			
Place <u>Rock Creek Ida</u> Date <u>6-22</u> , 193 <u>8</u>			
19. UNDERTAKER <u>S.C. Phillips</u>			
(Address) <u>Twin Falls, Idaho</u>			
20. FILED <u>6/23</u> , 19 <u>38</u>			
Registrar.			
MEDICAL CERTIFICATE OF DEATH.			
21. DATE OF DEATH (month, day and year) <u>6-21-1938</u>			
22 I HEREBY CERTIFY, That I attended deceased from <u>June 21</u> , 193 <u>8</u> , to <u>June 21</u> , 193 <u>8</u>			
I last saw h. <u>--</u> alive on <u>--</u> 193 <u>--</u> : death is said to have occurred on the date stated above, at <u>8:30 Pm</u> .			
The principal cause of death and related causes of importance were as follows:			
<u>Still born macerated fetus - 7 1/2 mos (premature)</u>			
Other contributory causes of importance: <u>Hydramnios</u>			
Date of onset			
Name of operation			
Date of			
What test confirmed diagnosis? Was there an autopsy?			
23. If death was due to exter'l causes (violence) fill in also the following:			
Accident, suicide, or homicide? Date of injury			
193 <u>--</u>			
Where did injury occur?			
(Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury.			
Nature of injury.			
24 Was disease or injury in any way related to occupation of deceased? <u>Yes</u> specify <u>Vald B. Lundberg</u>			
(Signed) <u>Vald B. Lundberg</u>			
(Address) <u>228 Main St., Tw. Falls</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

291/124 028 - 359

S

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. 301 Linden St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 5

CERTIFICATE OF BIRTH

269547

Registration District No. 30 State File No. _____

Prim. Registration District No. 1051 Local Registrar's No. 181

2. FULL NAME OF CHILD Infant Braun Stillborn

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	5. Premature _____	6. Legiti- _____	7. Date of birth <u>June 24, 1938</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>YES</u> mate <u>YES</u>		

9. Full name <u>Dionysius Braun</u>	FATHER	18. Full maiden name <u>Armelia Terries</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) <u>Coeur d'Alene Idaho</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Coeur d'Alene Idaho</u> (If non-resident, give place and State)
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>47</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>47</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) <u>Russia</u> (State or country)	22. Birthplace (city or place) <u>Russia</u> (State or country)
---	---

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
	17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 4

29. If stillborn, about full months or weeks term 30. Cause of stillbirth abdominal tumor
period of gestation term } Before labor _____
During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6:30 P.M. on the date above stated.
(Born alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Theresa J. McCann, M. D.

or _____ Midwife

Address Coeur d'Alene, Idaho

Filed July 5, 1938 L. Krotchko

Registrar.

STATE DEPT. OF THE ARMY, WASHINGTON, D. C.

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it is the first official communication from the President to the Congress since the inauguration of Abraham Lincoln. The letter is written in a formal, dignified style, and it contains a number of important points. The President begins by expressing his confidence in the Congress, and then he goes on to discuss the state of the Union. He mentions the recent election of Lincoln, and he expresses his belief that the Congress will support the new President. He also discusses the issue of slavery, and he expresses his belief that the Congress will take action to end it. The letter is a very important document, as it is the first official communication from the President to the Congress since the inauguration of Abraham Lincoln.

10-11-68

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241

[illegible]

001719 1920

1997-1998

INVESTIGATION OF THE EFFECTS OF THE 1964-65 FLOODS ON THE RIVER

STW 4441 11

[illegible]

FILE NO. 44-38861-100

100-443887-100

RECEIVED 11-10-1964

100-443887-100

11-10-68

1964-1965

(A-308)

27-18898

1. The purpose of this report is to provide information on the activities of the [redacted] during the period [redacted] to [redacted].

SECRET

U.S. DEPARTMENT OF JUSTICE

1990

100-441101-100

15-00000

... ..

100-443887-100

[illegible]

1. PLACE OF BIRTH
County of Adams
City of Council
No. 763-201002-319 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Pollock

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth 7/1/38, 1938 (Month, Day, Year)

9. Full name FATHER James William Pollock

10. Residence (usual place of abode) (If non-resident, give place and State) Council Idaho

11. Color or race White 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Utica Nebraska

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 7/1/38, 1938

17. Total time (years) spent in this work life

18. Full maiden name MOTHER Gladya Vera Carlton

19. Residence (usual place of abode) (If non-resident, give place and State) Council Idaa

20. Color or race white 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Elgin Oregon

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House/Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own/Home

25. Date (month and year) last engaged in this work 6/25/38, 1938

26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks

30. Cause of Stillbirth unknown Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 10:20 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Alvin S. Thurston, M. D.

or _____, Midwife

Address Council Ida DR. ALVIN S. THURSTON
COUNCIL, IDAHO

Filed AUG - 9 1938

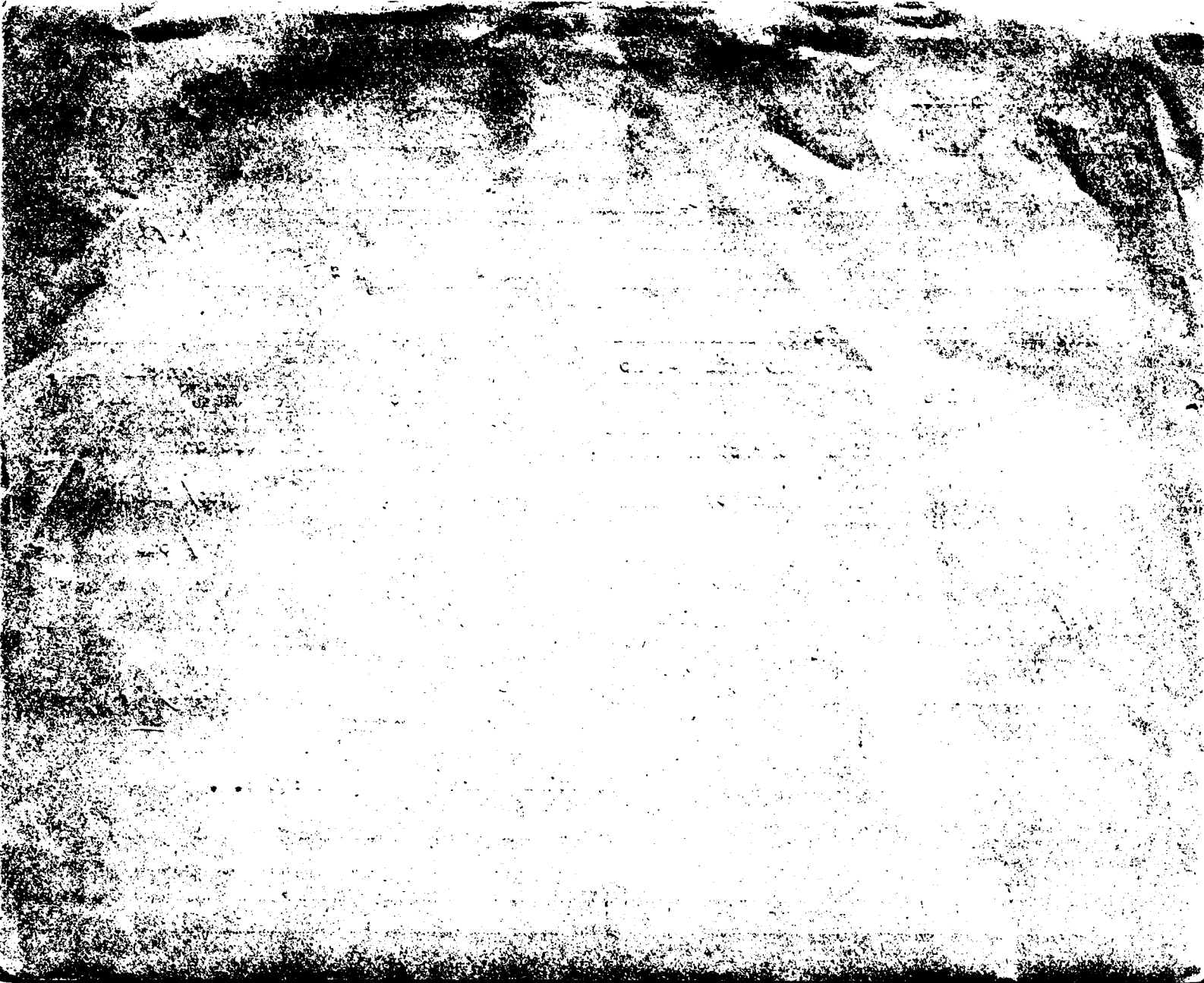
Registrar.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

269952

Registration District No. 71 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 449



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Adams
City of Council Bluffs

RECEIVED
AUG 11 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110696Registration District No. 31

Primary Registration District No. _____

Local Registrar's No. 188

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Pollock

(a) Residence. No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>7/1/38</u>		
7. AGE Years	Months	Days
		If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Council Idaho13. NAME James William Pollock14. BIRTHPLACE (city or town) (State or country) Nebraska15. MAIDEN NAME Glady's Vera Carlton16. BIRTHPLACE (city or town) (State or country) Elgin Oregon17. INFORMANT Mrs James Pollock
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Council Date 7/1/38, 193__19. UNDERTAKER Family
(Address)20. FILED _____ 1938 _____
AUG - 9 - 1938
DR. ALVIN S. THURSTON
COUNCIL BLUFFS

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-1-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn - caused by maternal

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Alvin S. Thurston, M. D.(Address) Council Bluffs

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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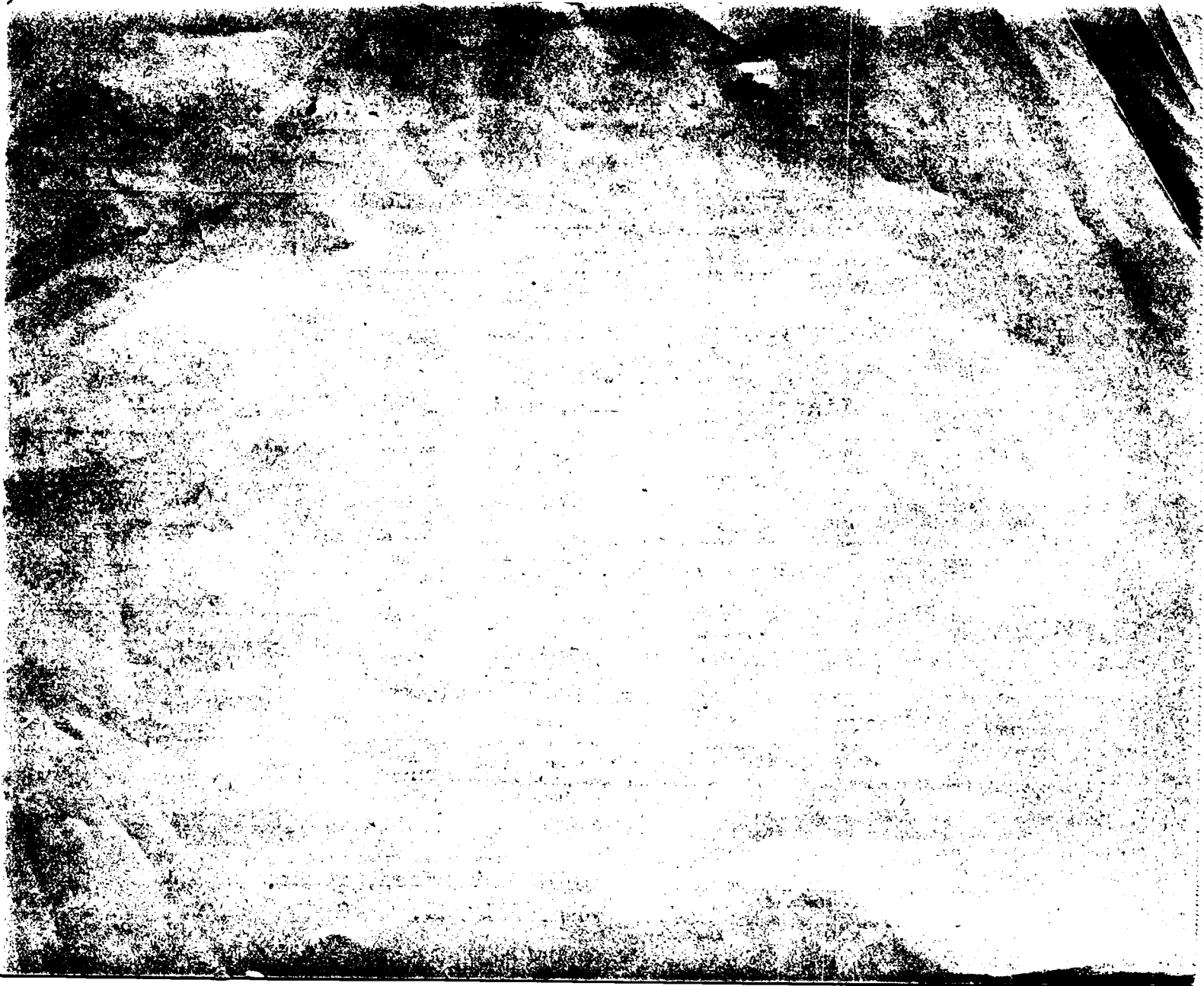
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Aberdeen</u> No. <u>295 717 006 255</u> ^{SC} (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>269953</u> Registration District No. <u>116</u> State File No. _____ Prim. Registration District No. <u>2195</u> Local Registrar's No. <u>38</u>	
2. FULL NAME OF CHILD <u>Still born King</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. <u>Twin</u> 5. Number, in order of birth <u>1</u>	6. Premature. <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>
8. Date of birth <u>July 17, 1938</u> (Month, Day, Year)			
9. Full name FATHER <u>Paul Dean King</u>		18. Full maiden name MOTHER <u>Sabra N. Kendall</u>	
10. Residence (usual place of abode) <u>Aberdeen, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Aberdeen, Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>W</u> 12. Age at last birthday <u>42</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) <u>Piedmont, South Dakota</u> (State or Country)		22. Birthplace (city or place) <u>Central, Idaho</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		
	16. Date (month and year) last engaged in this work <u>Now, 1938</u>		
17. Total time (years) spent in this work <u>20</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		25. Date (month and year) last engaged in this work <u>Now, 1938</u>	
26. Total time (years) spent in this work <u>20</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>10</u> (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>24 Weeks</u> { months or weeks		30. Cause of Stillbirth { During labor. Before labor. <u>24th weeks</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9:10 PM</u> on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		(Signed) <u>McMackinnon</u> , M. D. or _____, Midwife Address <u>Aberdeen, Idaho</u> Filed <u>July 25, 1938</u> <u>McMackinnon</u> Registrar. Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE of DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Aberdeen</u> No. <u>295 117 006 255</u> St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 269954 Registration District No. <u>116</u> State File No. _____ Prim. Registration District No. <u>2195</u> Local Registrar's No. <u>39</u>	
2. FULL NAME OF CHILD <u>Stillborn King</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>Twin</u> 5. Number, in order of birth <u>2</u>	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>July 17, 1938</u> (Month, Day, Year)			
9. Full name FATHER <u>Paul Dean King</u>		18. Full maiden name MOTHER <u>Sabra N. Kendall</u>	
10. Residence (usual place of abode) <u>Aberdeen</u> (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) <u>Aberdeen, Idaho</u> (If non-resident, give place and State) _____	
11. Color or race <u>W</u> 12. Age at last birthday <u>42</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>40</u> (years)	
13. Birthplace (city or place) <u>Piedmont,</u> (State or Country) <u>South Dakota.</u>		22. Birthplace (city or place) <u>Central,</u> (State or Country) <u>Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		
	16. Date (month and year) last engaged in this work <u>Now</u> , 19 <u>38</u>		
17. Total time (years) spent in this work <u>20</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		25. Date (month and year) last engaged in this work <u>Now</u> , 19 <u>38</u>	
26. Total time (years) spent in this work <u>20</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>11</u> (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>2</u>			
29. If stillborn, period of gestation <u>24 Weeks</u> { months or weeks		30. Cause of Stillbirth { During labor. Before labor. <u>24th week.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:15 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) memet King, M. D.

or _____, Midwife

Address Aberdeen, Idaho.

Filed July 25., 1938 memet King

Registrar.

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BinghamCity of Aberdeen

AUG 10 1938

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Registration District No. 116Primary Registration District No. 2195(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)2. FULL NAME Stillborn King (Twin # 2)(a) Residence. No. _____ St. Aberdeen, Idaho.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. (If nonresident give city or town and state)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) ----

 5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of ----

6. DATE OF BIRTH (month, day, and year)

July 17, 1938
 7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 0 0

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (mo. and yr.) ----
 11. Total time (years) spent in this occupation ----
12. BIRTHPLACE (city or town) Aberdeen, Idaho
(State or country)13. NAME Paul Dean King14. BIRTHPLACE (city or town) Piedmont, South Dakota
(State or country)15. MAIDEN NAME Sabra N. Kendall16. BIRTHPLACE (city or town) Central, Idaho
(State or country)17. INFORMANT Paul D. King
(Address) Aberdeen, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Aberdeen, Idaho Date July 18, 193819. UNDERTAKER Friends
(Address) Aberdeen, Idaho20. FILED July 25, 1938 M. C. [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

 I last saw h...ative on _____, 193____; death is said to have occurred on the date stated above, at _____m.
 The principal cause of death and related causes of importance were as follows:

Stillborn
Premature Labor 24th Week

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?... Date of injury... 193__.

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?... No. If so, specify

(Signed) M. C. [Signature], M. D.(Address) Aberdeen, Idaho

110698

DO NOT WRITE IN THIS SPACE

State File No. 110698

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

68-9-201 007 1458
PLACE OF BIRTH
County of Blaine
City of Hailey
No. Hailey Clinic St. Hailey
AUG 5 - 1938
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
S
269955

1. Registration District No. 57 State File No. 48
Prim. Registration District No. 2022 Local Registrar's No. 48
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Stillborn Whitney

3. Sex Female If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature ✓ Full term _____
7. Legitimate? ✓
8. Date of birth July 1, 1938
(Month, Day, Year)

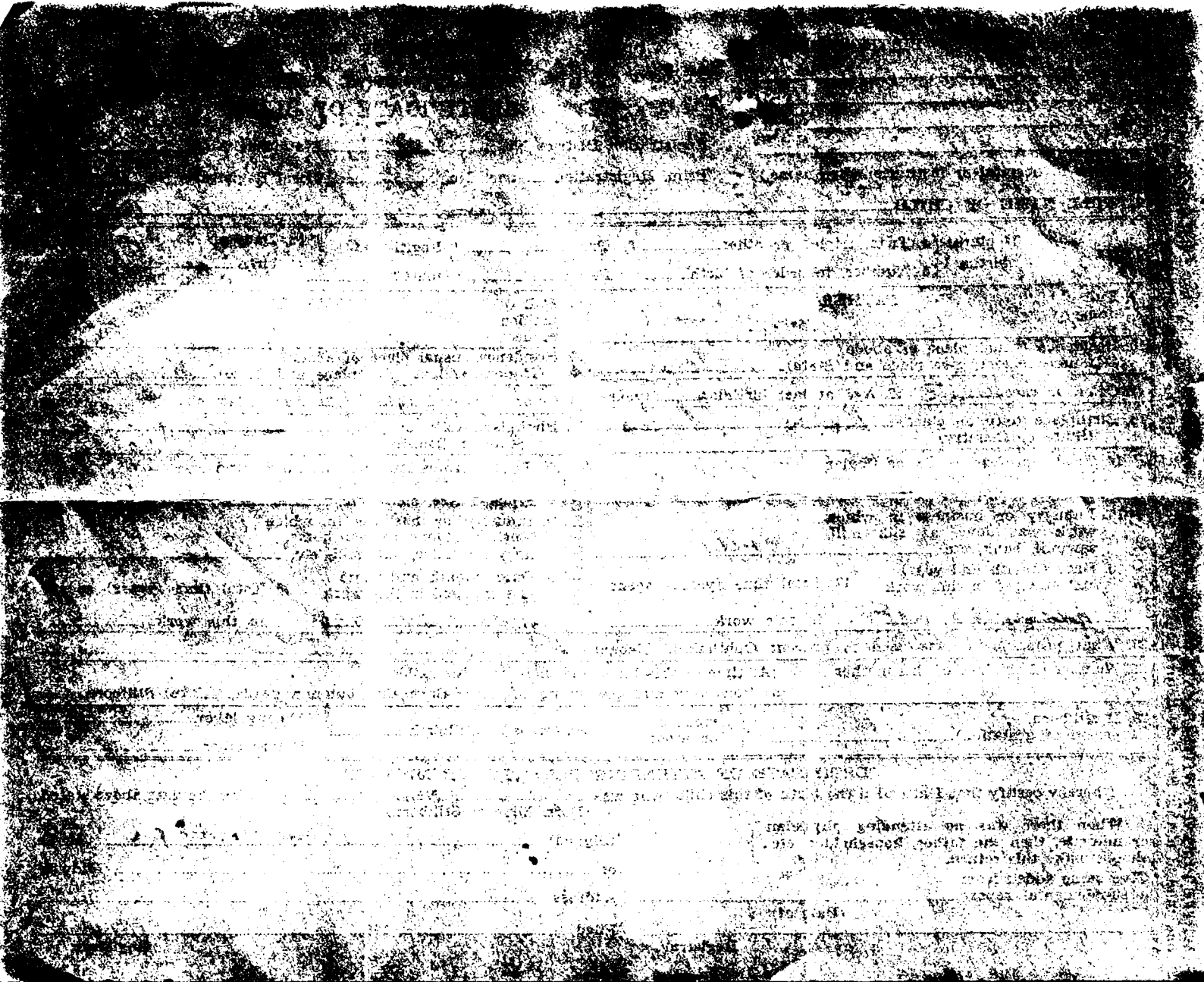
9. Full name Blain Albert Whitney FATHER
10. Residence (usual place of abode) Hailey, Idaho
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 25 (years)
13. Birthplace (city or place) Boise, Idaho
(State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Black
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel
16. Date (month and year) last engaged in this work June 30, 1938
17. Total time (years) spent in this work 2 yrs.

18. Full maiden name Ruth Meyer MOTHER
19. Residence (usual place of abode) Hailey, Idaho
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) New Plymouth
(State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work June 30, 1938
26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argysol 290
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation _____ { months _____ or weeks _____
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 m. on the date above stated.
(Born Alive or Stillborn)
(Signed) W. P. Rice, M. D.
or _____, Midwife
Address Hailey, Idaho
Filed 8-1, 1938 Robert H. Wright
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		110699 DO NOT WRITE IN THIS SPACE State File No. 110699	
County of <u>Blaine</u>	City of <u>Hailey</u>	Registration District No. <u>57</u>	Primary Registration District No. <u>10221</u>	Local Registrar's No. <u>34</u>	
(If death occurred in a hospital or institution, give its name instead of street and number.)		(No. <u>Hailey Chemical Hospital</u>)			
2. FULL NAME <u>Baby Whitney</u>		Endlice 215			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>✓</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>July 1 - 1938</u>					
7. AGE	Years	Months	Days	If LESS than min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____					
10. Date deceased last worked at this occupation (month and year) _____			11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) (State or country) <u>Hailey Idaho</u>					
13. NAME <u>Clair Whitney</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Bozid Idaho</u>					
15. MAIDEN NAME <u>Ruth Meyer</u>					
16. BIRTHPLACE (city or town) (State or country) <u>New Plymouth Idaho</u>					
17. INFORMANT (Address) <u>Clair A. Whitney</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>City Park</u> Date <u>July 1, 1938</u>					
19. UNDERTAKER (Address) <u>H. H. Harris</u>					
20. FILED <u>8-1</u> , 1938 <u>Robert H. Wright</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>July 1, 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>July 30, 1938</u> to <u>July 1, 1938</u>					
I last saw him alive on <u>July 30, 1938</u> ; death is said to have occurred on the date stated above, at <u>10:45 a.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Pneumonia, toxemia, marginalis</u>					
Other contributory causes of importance: <u>Exhaustion, Unhappiness, Cold</u>					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 1938					
Where did injury occur? _____ (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify _____					
(Signed) <u>W. D. Kline</u>					
(Address) <u>Hailey, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, pneumonia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 367116
County of Bonneville ap-293
City of Idaho Falls
No. Memorial Drive St.
L. O. S. Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S**
AUG 15 1938
Registration District No. 13 State File No. 269956
Prim. Registration District No. 2150 Local Registrar's No. 461

2. FULL NAME OF CHILD

3. Sex Male If plural { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
births 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth July 16, 1938
(Month, Day, Year)

9. Full name Louise B. Col FATHER
10. Residence (usual place of abode) Shelley Box 303
(If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 26 (years)
13. Birthplace (city or place) Salt Lake City
(State or Country) Utah

18. Full maiden name Darlene Amanda Hitt MOTHER
19. Residence (usual place of abode) Shelley, Idaho
(If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Minneapolis
(State or Country) Minn

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm
16. Date (month and year) last engaged in this work July, 1938
17. Total time (years) spent in this work Life

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work July, 1938
26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
11 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 9 months { months or weeks
30. Cause of Stillbirth { During labor ✓
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11 00 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

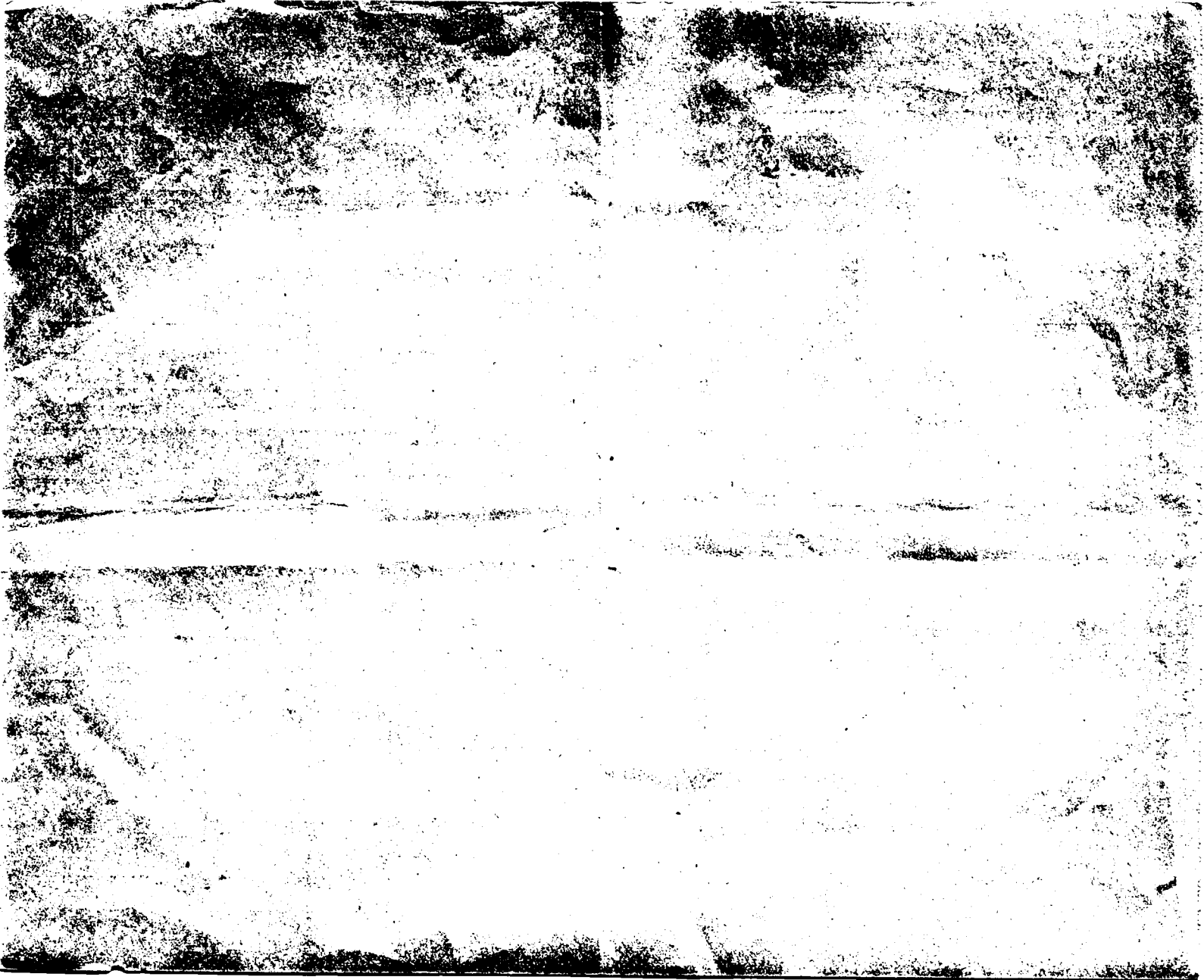
Give name added from a supplemental report _____
(Date of) _____

(Signed) H. Lloyd Schuers, M. D.

or _____, Midwife

Address Shelley, Idaho

Filed July 18, 1938 Don Kinnaird
Registrar. Registrar.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLA		110701	
County of <u>Idaho</u>		NOT WRITE IN THIS SPACE	
City of <u>Idaho Falls</u>		Date File No. <u>110701</u>	
AUG 15 1938		E OF L	
Primary Registration District No. <u>2150</u>		Local Registrar's No. <u>148</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Lucie Lutz</u>			
(a) Residence No. _____ St. _____			
(Usual place of abode)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
	<u>Stillborn</u>		
If LESS than 1 day ____ hrs. or ____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) <u>Idaho Falls Idaho</u>			
13. NAME <u>Lucie B. Cox</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Salt Lake City Utah</u>			
15. MAIDEN NAME <u>Marlene Amanda Witt</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Minneapolis Minnesota</u>			
17. INFORMANT <u>Mrs. L. B. Cox</u> (Address) <u>Shelley, Idaho</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Shelley, Idaho</u> Date <u>July 17, 1938</u>			
19. UNDERTAKER <u>none</u> (Address)			
20. FILED <u>July 18, 1938</u> <u>Wm. Kimball</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>7/16/1938</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>July 16</u> , 1938, to <u>July 16</u> , 1938.			
I last saw him alive on ____ 193____: death is said to have occurred on the date stated above, at ____ m.			
The principal cause of death and related causes of importance were as follows: <u>Stillborn</u>			
Date of onset <u>July 16/38</u>			
Other contributory causes of importance: <u>Asphyxia</u> <u>Premature separation of placenta</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 193____			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>T. Lloyd Schiers</u> , M. D.			
(Address) <u>Shelley, Idaho</u>			

UNITED

CARD CE

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Camas
City of Fairfield
No. _____ St. _____

AUG 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S269957**

Registration District No. 58 State File No. _____
Prim. Registration District No. 2138 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug 5</u> 19 <u>38</u> (Month, Day, Year)
-------------------------	--------------------	----------------------------------	------------------------------------	--------------------	---------------------------	--

9. Full name FATHER
Charles Arval Mannily

18. Full maiden name MOTHER
Anna May Kolby

10. Residence (usual place of abode)
(If non-resident, give place and State) Soldier Ida.

19. Residence (usual place of abode)
(If non-resident, give place and State) Soldier Ida.

11. Color or race W | 12. Age at last birthday 38 (years)

20. Color or race W | 21. Age at last birthday 38 (years)

13. Birthplace (city or place)
(State or Country) Utah

22. Birthplace (city or place)
(State or Country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road worker

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Road

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Nov 1937

25. Date (month and year) last engaged in this work Aug 4 1938

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes Silver 10%

28. Number of children of this mother (At time of this birth and including this child)
18 (a) Born alive and now living 8 (b) Born alive but now dead 3 (c) Stillborn 2

29. If stillborn, period of gestation 9 mo { months or weeks } 30. Cause of stillbirth Pressure on cord Before labor yes During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) W.D. Garbison, M. D.

or _____, Midwife

Address Fairfield Idaho

Filed _____, 1938 W.D. Garbison
Registrar.

Use separate return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Clematis
City of Orford
No. Burns Hoop St.

Primit Stillborn 8 mo

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S ³⁷⁴/₁₉₃₈

Registration District No. 90 State File No. 269958
Prim. Registration District No. 2157 Local Registrar's No. 99

2. FULL NAME OF CHILD Stillborn

3. Sex Female If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature yes Full term no 7. Legitimate? yes 8. Date of birth July 3rd, 1938 (Month, Day, Year)

9. Full name FATHER John Howard Thomas

18. Full maiden name MOTHER Margery May Stone

10. Residence (usual place of abode) (If non-resident, give place and State) Pease Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Pease Idaho

11. Color or race White 12. Age at last birthday 24 (years)

20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) Central Ridge Idaho

22. Birthplace (city or place) (State or Country) No Data

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Iron mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓

16. Date (month and year) last engaged in this work now, 19

25. Date (month and year) last engaged in this work ✓, 19

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argent-5%

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation about 8 mo { months ✓ or weeks

30. Cause of stillbirth Stillborn cord { Before labor yes During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:15 am m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) W. H. Robertson, M. D.

or _____, Midwife

Address Orford Idaho - 700

Filed 700, 1938 W. H. Robertson Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		110702	
County of <u>Clearwater</u>		DEPARTMENT OF PUBLIC WELFARE		DO NOT WRITE IN THIS SPACE	
City of <u>Orifine</u>		BUREAU OF VITAL STATISTICS		State File No. <u>110540</u>	
Registration District No. _____		Primary Registration District No. _____		Local Registrar's No. <u>64</u>	
(No. <u>Burns Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)		<u>21</u>	
2. FULL NAME <u>Stellborn</u>					
(a) Residence No. <u>Peen Idaho</u>		St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>✓</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>✓</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.	
<u>Stellborn</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
11. Total time (years) spent in this occupation _____					MEDICAL CERTIFICATE OF DEATH.
12. BIRTHPLACE (city or town) <u>Orifine Idaho</u> (State or country) <u>Burns Hospital</u>					
MOTHER FATHER	13. NAME <u>John Howard Thomas</u>				
	14. BIRTHPLACE (city or town) <u>Centerville Idaho</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Margery May Stone</u>				
	16. BIRTHPLACE (city or town) <u>No. Dakota</u> (State or country) <u>No. Dakota</u>				
17. INFORMANT <u>John Howard Thomas</u> (Address) <u>Peen Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Orifine</u> Date <u>7/4</u> , 193 <u>5</u>					
19. UNDERTAKER <u>Farther Thompson</u> (Address) <u>Orifine</u>					
20. FILED <u>7/30</u> , 193 <u>5</u> <u>W. H. Thayer</u> Registrar.					
21. DATE OF DEATH (month, day and year) <u>3</u> 193 <u>5</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Stellborn</u> , 193 <u>5</u> , to <u>✓</u> , 193 <u>5</u> . I last saw h. <u>✓</u> alive on <u>✓</u> , 193 <u>5</u> ; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: <u>Stellborn =</u> <u>Probably a knot in Cord =</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? <u>✓</u> Was there an autopsy? <u>✓</u>					
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? <u>✓</u> Date of injury <u>✓</u> , 193 <u>5</u> . Where did injury occur? <u>✓</u> (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so specify <u>✓</u> (Signed) <u>W. H. Thayer</u> M. D. (Address) <u>Orifine Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

MAR 10 1969

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

AUG 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

269959

1. PLACE OF BIRTH
County of hatch
City of Moscow
No. 702 Main St.
Chas Britman Boy
(If born in hospital or institution give name.)
Registration District No. 61 State File No. 687
Prim. Registration District No. 1011 Local Registrar's No. 687
2. FULL NAME OF CHILD Stillborn

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti- _____ 8. Date of birth 7-29, 1938
5. Number, in order of birth _____ Full term - mate? - (Month, Day, Year)

9. Full name FATHER James Daniel Dillman
10. Residence (usual place of abode) Helmex, Ida.
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Moscow
(State or Country) Idaho
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Woodman
16. Date (month and year) last engaged in this work Present, 1938
17. Total time (years) spent in this work life

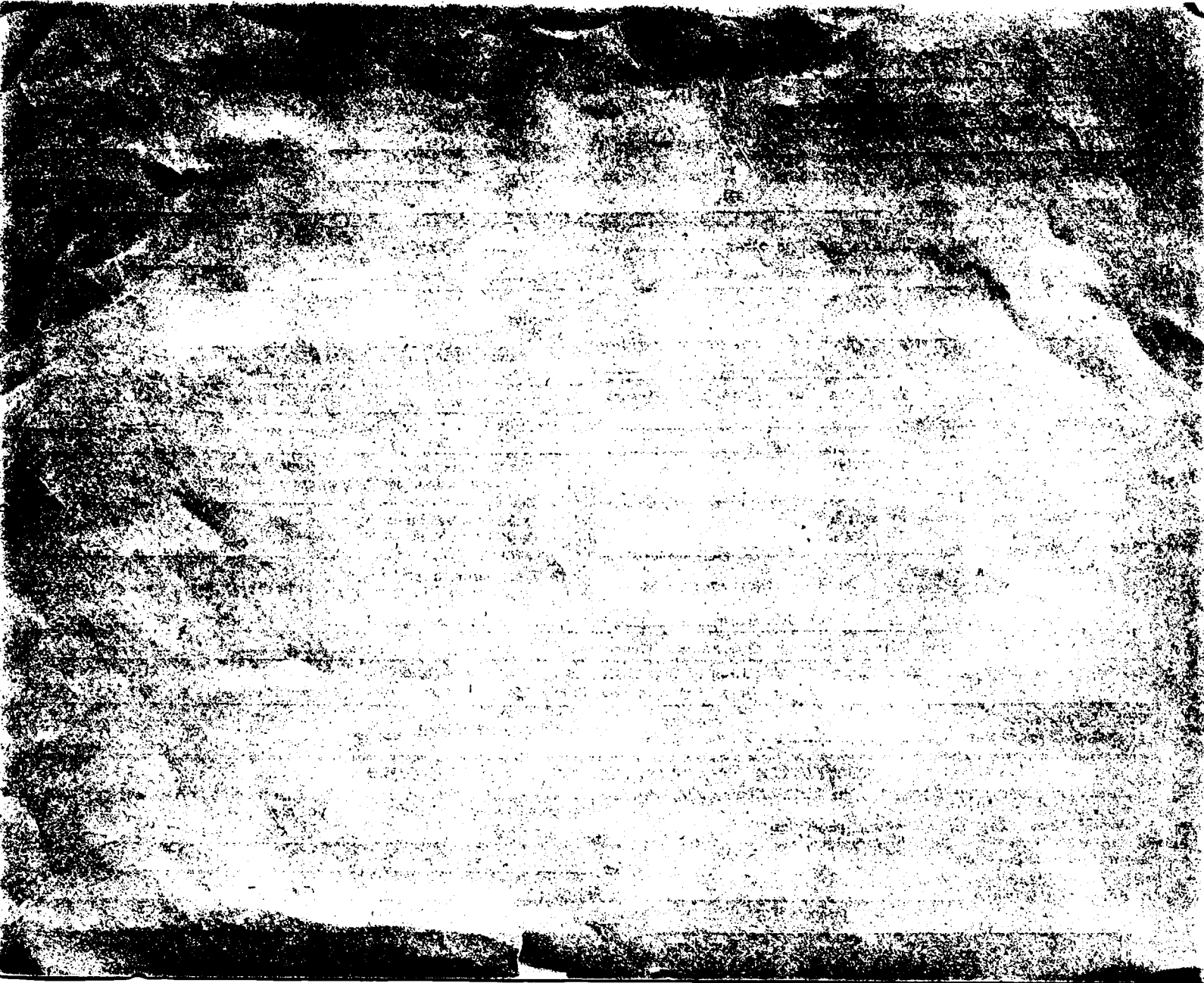
OCCUPATION

18. Full maiden name MOTHER Margie Jane Melser
19. Residence (usual place of abode) Helmex, Ida.
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Kanfield
(State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own house
25. Date (month and year) last engaged in this work Present, 1938
26. Total time (years) spent in this work 4 yrs.

OCCUPATION

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation full term { months _____ or weeks _____
30. Cause of Stillbirth { During labor _____ Before labor Hydrocephalus

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 12 p. m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar. Chas. J. Klaar, M. D.
or _____, Midwife
Address Moscow, Idaho
Filed 8-10, 1938 Wm. E. Enghaus
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of MOSCOW

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 140350

Registration District No. 61
Primary Registration District No. 1011
(No. Gritman Hospital)

Local Registrar's No. 364

AUG 12 1938

death occurred in a hospital or institution, give its name instead of street and number)
2. FULL NAME Clifford James Dillman

(a) Residence No. _____ St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 7/29/1938

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) MOSCOW, Idaho
(State or country)

13. NAME Daniel Dillman

14. BIRTHPLACE (city or town) MOSCOW, Idaho
(State or country)

15. MAIDEN NAME Marjorie Weber

16. BIRTHPLACE (city or town) MOSCOW, Idaho
(State or country)

17. INFORMANT Daniel Dillman
(Address) Leary, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Texas Ridge Date 7/31, 1938

19. UNDERTAKER Short's Chapel
(Address) MOSCOW, Idaho

20. FILED 7/30, 1938 J. E. Embury
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/29 1938

22 I HEREBY CERTIFY, That I attended deceased from 7/29/38, 1938, to 7/29/38, 1938.

I last saw h. _____ alive on _____ 1938: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Douglas M. Leach M. D.

(Address) MOSCOW, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Lemmon
No. St. Joseph's Hospital St.
(If born in hospital or institution give name.)
Registration District No. 1009 State File No. S 269960
Prim. Registration District No. 96 Local Registrar's No. 269960

2. FULL NAME OF CHILD Richard Edwin Weismannfels - - Stillborn

3. Sex male If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature no 7. Legitimate? yes 8. Date of birth May 28, 1938 (Month, Day, Year)

9. Full name Richard W. Weismannfels - FATHER
10. Residence (usual place of abode) Anaconda, Wash.
(If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 34 (years)
13. Birthplace (city or place) Wash. (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own place.
16. Date (month and year) last engaged in this work May 28, 1938 17. Total time (years) spent in this work 3.

18. Full maiden name Eleanor - Matteo - MOTHER
19. Residence (usual place of abode) Anaconda, Wash.
(If non-resident, give place and State)
20. Color or race White 21. Age at last birthday 40 (years)
22. Birthplace (city or place) Wash. (State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home.
25. Date (month and year) last engaged in this work May 27, 1938 26. Total time (years) spent in this work 1.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Aquous
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation full term { months or weeks 30. Cause of stillbirth Hydrocephalus Before labor no During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 5 P.M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar, _____
(Signed) Thelma J. Hattabel, M. D.
or _____, Midwife
Address Lemmon, Ida.
Filed June 9, 1938 M. H. Cuskey
Registrar, _____



PLACE OF DEATH

County of Nephus
 City of Lewiston, Idaho

 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009
 Primary Registration District No. 96

DO NOT WRITE IN THIS SPACE

State File No. 110051
 Local Registrar's No. 130

AUG 10 1938

(No. _____)
 If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Richard Weisenfeld

(a) Residence No. Asotin, Id.
 (Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX m. 4. Color or Race w. 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 28, 1908

7. AGE Years Months Days
Still Born If YES than
 1 day ____ hrs.
 or ____ min.

8. Trade, profession, or particular
 kind of work done, as spinner,
 sawyer, bookkeeper, etc.

9. Industry or business in which
 work was done, as silk mill,
 saw mill, bank, etc.

10. Date deceased last work-
 ed at this occupation
 (mo. and yr.)

11. Total time (years)
 spent in this
 occupation

12. BIRTHPLACE (city or town) Lewiston, Idaho
 (State or country)

13. NAME Richard Weisenfeld

14. BIRTHPLACE (city or town) Asotin, Id.
 (State or country)

15. MAIDEN NAME Elnor Mathis

16. BIRTHPLACE (city or town) Yakima, Wn.
 (State or country)

17. INFORMANT Richard Weisenfeld
 (Address) Asotin, Id.

18. BURIAL, CREMATION OR REMOVAL
 Place Trinidad, Charlotte Date July 1, 1938

19. UNDERTAKER H. P. Marshall
 (Address) Clarkston, Id.

20. FILED July 27, 1938 M. H. Carter, M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 5/28/1938

22 I HEREBY CERTIFY That I attended deceased from
May 28, 1938, to _____, 1938

I last saw h. _____ alive on _____ 1938: death is said
 to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of im-
 portance were as follows:

Date of onset

Still Born -Hydrocephalus

Other contributory causes of importance:

ventorial - hemorrhageForcep - delivery

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an
 autopsy? _____

23. If death was due to exter'l causes (violence) fill in also
 the following:

Accident, suicide, or homicide? _____ Date of injury _____
 1938

Where did injury occur? _____
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or
 in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation
 of deceased? _____ If so, _____

(Signed) Thos. H. Carter M. D.(Address) Clarkston, Id.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Nez Perce</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Burton, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>154 Main St.</u> St.		AUG 10 1938	
<u>Whites Hospital</u>		Registration District No. <u>1009</u> State File No. <u>S269961</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>96</u> Local Registrar's No. <u>Stillborn</u>	
2. FULL NAME OF CHILD <u>Lita Ellen Chidge</u>			
3. Sex <u>F</u>		8. Date of birth <u>July 20 1938</u> (Month, Day, Year)	
If plural births {		4. Twin, triplet, or other. _____	
5. Number, in order of birth _____		6. Premature <u>yes</u> Full term _____	
7. Legitimate? <u>yes</u>		7. Legitimate? <u>yes</u>	
9. Full name FATHER <u>Ira V Chidge</u>		18. Full maiden name MOTHER <u>Lula Josephine Harris</u>	
10. Residence (usual place of abode) <u>215 So. Wash St. Spokane, Wash.</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>215 So. Wash St. Spokane, Wash.</u> (If non-resident, give place and State)	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>34</u> (years)		21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) <u>Oklahoma City</u> (State or Country) <u>Oklahoma</u>		22. Birthplace (city or place) <u>Burns, Ore.</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Construction</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Silk finisher</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Waste</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>House wife</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work <u>9 yrs</u>		26. Total time (years) spent in this work <u>Apr 4-37</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>5 1/2 mo</u> { months or weeks		30. Cause of stillbirth <u>known</u> { Before labor <u>yes</u> During labor <u>no</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was July 20 at 2:30 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

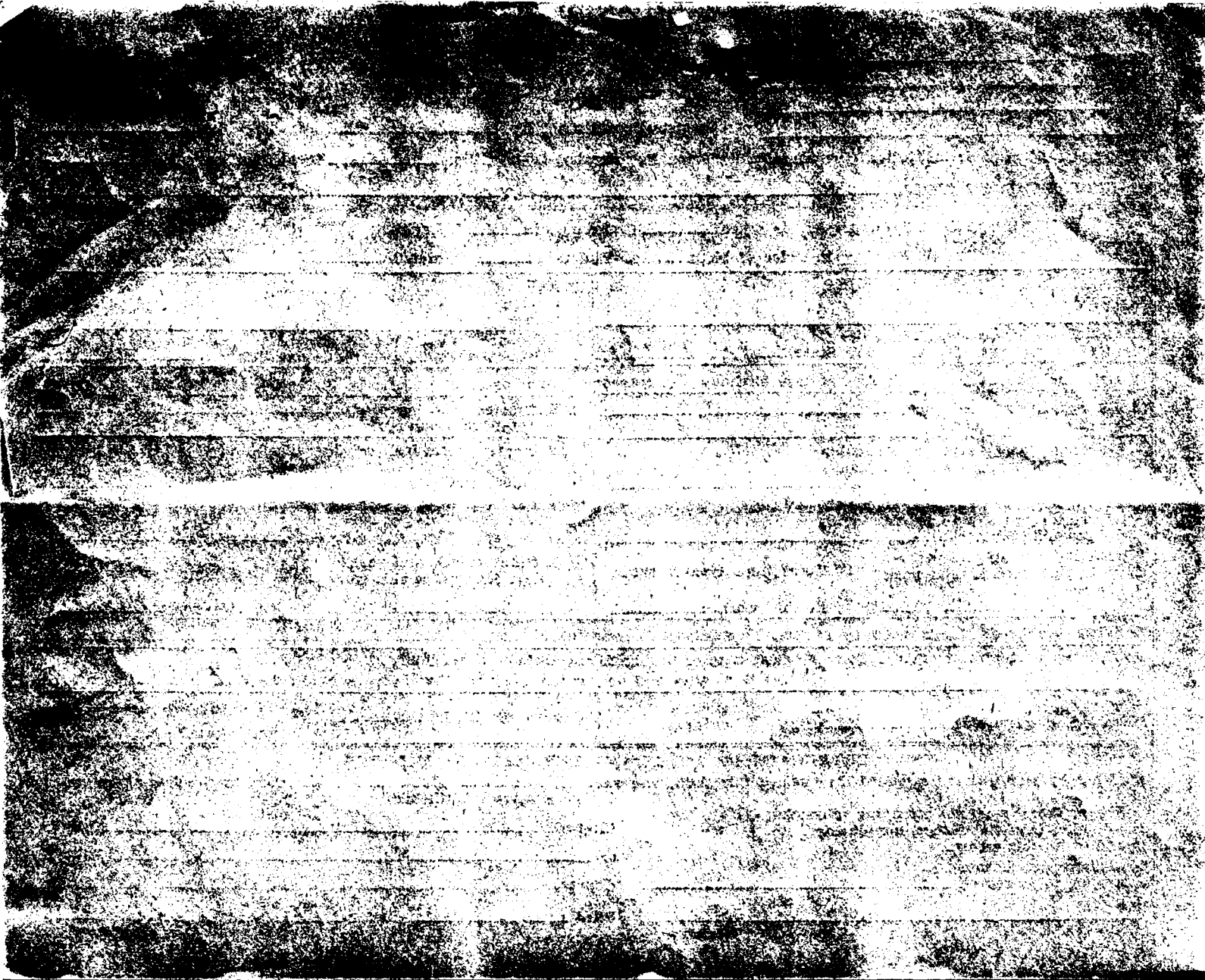
(Signed) E. L. White, M. D.

or _____, Midwife

Address Burton, Idaho

Filed Aug 9, 1938 M. C. Cuskey

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Nez PerceCity of Lewiston

RECEIVED

AUG 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009Primary Registration District No. 96(No. White's Hospital)Local Registrar's No. 139

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Ethridge(a) Residence No. 225 S Washington

(Usual place of abode)

St. Spokane, Wn.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of ☒6. DATE OF BIRTH (month, day, and year) July 20, 19387. AGE Years ☒ Months ☒ Days ☒ If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho13. NAME Ira Ethridge14. BIRTHPLACE (city or town) Chinook
(State or country) Kansas15. MAIDEN NAME Julia Harrison16. BIRTHPLACE (city or town) Bend
(State or country) Oregon17. INFORMANT Ira Ethridge
(Address) Spokane, Wn.18. BURIAL, CREMATION OR REMOVAL
Place Lewiston, Idaho Date July 20, 193819. UNDERTAKER Beverly Harrison Co.
(Address) Lewiston, Idaho20. FILED Aug 1, 1938 M. W. Calkley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20 1938

22 I HEREBY CERTIFY, That I attended deceased from

....., 1937, to, 193.....

I last saw her Still Born: death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

5 months FetusNo tangible cause

Other contributory causes of importance:

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis? True Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.....(Signed) E. P. White M. D.(Address) Lewiston, Idaho

DO NOT WRITE IN THIS SPACE

State File No. 110706
110352

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

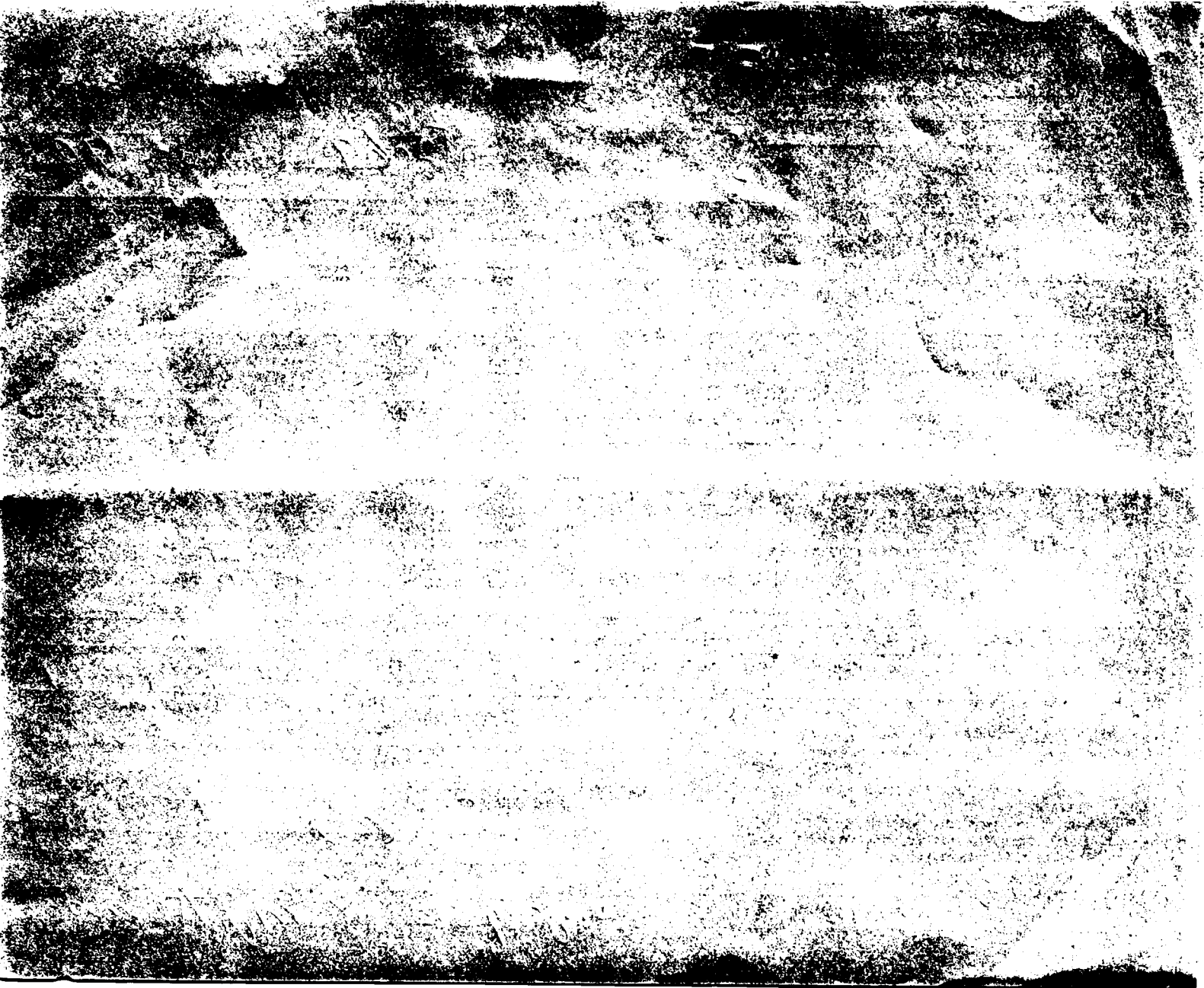
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		S	
County of <u>Conrad</u> City of <u>Malden, Idaho</u>		AUG 10 1938		Registration District No. <u>26</u>		State File No. <u>269962</u>	
No. <u>Community Hospital</u> St.		Prim. Registration District No. <u>2069</u>		Local Registrar's No. <u>70</u>			
2. FULL NAME OF CHILD <u>Robert Smith Williams - Still born</u>							
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>yes</u>		7. Legitimate? <u>yes</u>	
8. Date of birth <u>July 24 1938</u>						Month, Day, Year	
9. Full name FATHER <u>William S. Williams</u>				18. Full maiden name MOTHER <u>Ada Smith</u>			
10. Residence (usual place of abode) <u>Malden, Idaho</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>Malden, Idaho</u> (If non-resident, give place and State)			
11. Color or race <u>W</u>		12. Age at last birthday <u>39</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>37</u> (years)	
13. Birthplace (city or place) <u>Malden, Idaho</u> (State or Country)				22. Birthplace (city or place) <u>Malden, Idaho</u> (State or Country)			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent _____, 19____		in this work _____		26. Total time (years) spent _____, 19____		in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no</u>							
28. Number of children of this mother <u>five</u> (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>full term</u>		{ months _____ or weeks _____		30. Cause of stillbirth <u>Difficult removal</u>		{ During labor <u>yes</u> Before labor <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>11:35 p.</u> on the date above stated. (Born Alive or Stillborn)							
When there was no attending physician or midwife, then the father, householder, etc., should make this return.				(Signed) <u>D. D. Garst</u> , M. D.			
Give name added from a supplemental report _____				or _____, Midwife			
(Date of) _____				Address <u>Malden, Idaho</u>			
Registrar. _____				Filed <u>July 31</u> , 193 <u>8</u> <u>M. J. Ferns</u> Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of OneidaCity of Malad

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110835

AUG 10 1938

Registration District No. 26Primary Registration District No. 2069Local Registrar's No. 21(No. Malad Community Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Robert Smith Williams (Stillborn)(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Malad Idaho
(State or country)

13. NAME William G Williams

14. BIRTHPLACE (city or town) Malad Idaho
(State or country)

15. MAIDEN NAME Ada Smith

16. BIRTHPLACE (city or town) Mendon Utah
(State or country)

17. INFORMANT William G Williams
(Address) Malad Idaho

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Malad Idaho Date July 26 1938

19. UNDERTAKER Sam Benson
(Address) Malad Idaho

20. FILED July 31, 1938 M. J. Kerns
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 24 193822. I HEREBY CERTIFY, That I attended deceased from 193 Born July 24, 1938I last saw him alive on , 193 ; death is saidto have occurred on the date stated above, at 4/1 p. m.

The principal cause of death and related causes of importance

were as follows: Stillborn Difficult version performed

Date of onset

Other contributory causes of importance:

Name of operation Version Date of July 24, 1938What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 193 Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) M. J. Kerns M. D.(Address) Malad, Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>PAYETTE</u> City of <u>PAYETTE</u> No. <u>1403 N. 6th St</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>269963</u>	
Registration District No. <u>4</u> State File No. <u>124</u>		JUL 30 1938	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1008</u> Local Registrar's No. <u>124</u>	
2. FULL NAME OF CHILD <u>VICTOR STEPHEN NICHOLS</u> - <u>Stillborn</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature. <u>Yes</u> Full term <u>No</u>	7. Legiti- mate? <u>Yes</u>
		8. Date of birth <u>July 28</u> <u>1938</u> (Month, Day, Year)	
9. Full name <u>FRANK NICHOLS</u>		18. Full maiden name <u>ELAINE GEORGE</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>PAYETTE, ID.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>PAYETTE, ID</u>	
11. Color or race <u>W.</u> 12. Age at last birthday <u>54</u> (years)		20. Color or race <u>W.</u> 21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) (State or Country) <u>KANSAS</u>		22. Birthplace (city or place) (State or Country) <u>LAYTON UTAH.</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FARMER</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEWIFE.</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> . (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>3</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE <u>1.05 AM.</u>			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at _____ m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>J. C. Woodward</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Payette, Idaho</u>	
Registrar. _____		Filed <u>7/28/38</u> , 193 <u>8</u> <u>J. C. Woodward</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of PAYETTE
City of PAYETTE

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 4
Primary Registration District No. 1008

DO NOT WRITE IN THIS SPACE

State File No. 110708Local Registrar's No. 49

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME VICTOR STEPHEN NICHOLS (Stillborn)

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 7/28/38

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Payette
(State or country) Idaho

13. NAME Frank Nichols

14. BIRTHPLACE (city or town) _____
(State or country) Kansas

15. MAIDEN NAME Elaine George

16. BIRTHPLACE (city or town) Layton, Utah
(State or country)

17. INFORMANT Mrs. Frank Nichols
(Address) Payette, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Payette, Idaho Date 7/29/38 193.

19. UNDERTAKER J. L. FOSTER
(Address) PAYETTE IDAHO

20. FILED 7/28/38 193. J. Woodward
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7/28/38 193

22 I HEREBY CERTIFY, That I attended deceased from
7/27/38, 193, to 7/28/38, 193.

I last saw him alive on _____ 193; death is said to have occurred on the date stated above, at 1.05 m.

The principal cause of death and related causes of importance were as follows:

PREMATURITY-ASTHENIA

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. Woodward M.(Address) Payette, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone STATE OF IDAHO
City of Wallace DEPARTMENT OF PUBLIC WELFARE
No. Sanborn Ave BUREAU OF VITAL STATISTICS
Providence Hospital **CERTIFICATE OF BIRTH** S 269964
(If born in hospital or institution give name.)

Registration District No. 70 State File No. _____

Prim. Registration District No. 1011 Local Registrar's No. 1

2. FULL NAME OF CHILD Baby Boy Baker Stillborn

3. Sex <u>M</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>May 22, 1938</u> (Month, Day, Year)
--------------------	------------------	----------------------------	------------------------------	--------------	---------------------------	--

9. Full name <u>Roy Otis Baker</u>	FATHER	18. Full maiden name <u>Lillian Hobbs</u>	MOTHER
---------------------------------------	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Murray</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Murray</u>
---	---

11. Color or race <u>M</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>M</u>	21. Age at last birthday <u>34</u> (years)
----------------------------	--	----------------------------	--

13. Birthplace (city or place) (State or Country) <u>Miss</u>	22. Birthplace (city or place) (State or Country) <u>Nebraska</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Jack Wailo</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hoof</u>
16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work <u>3 yrs</u>	26. Total time (years) spent in this work _____

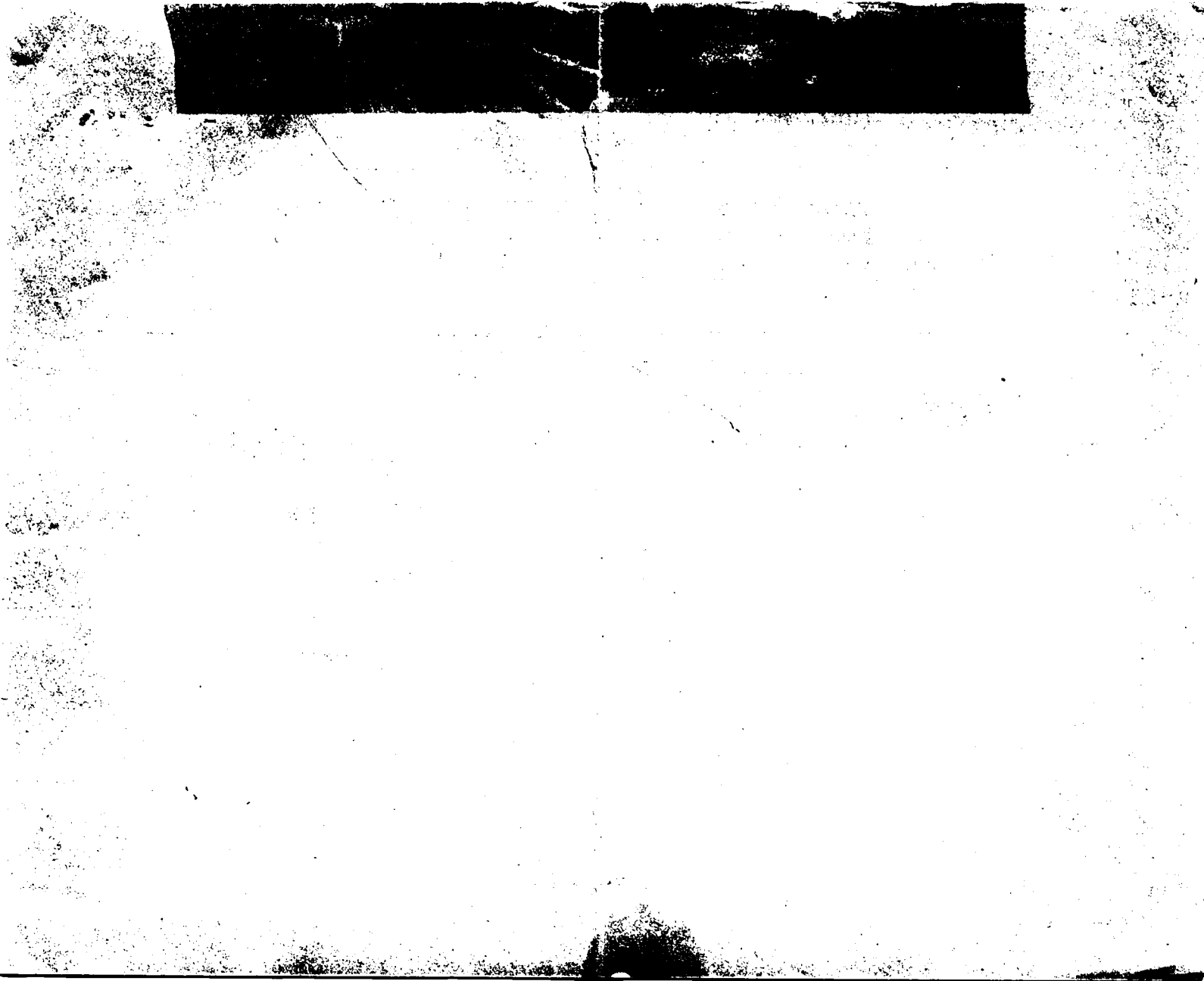
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____	30. Cause of Stillbirth _____
---	-------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at 4:30 p. m. on the date above stated.
(Born Alive Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registered _____
(Signed) R. Lindsay, M. D.
or _____, Midwife
Address Kellogg Hotel
Filed Aug 1, 1938 John A. Bower
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 109500Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 61(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Arthur Baker

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May-22-1938

7. AGE Years Months Days
0 0 0
If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Wallace Idaho
(State or country)

13. NAME Roy Baker

14. BIRTHPLACE (city or town) Wisconsin
(State or country)

15. MAIDEN NAME Lillian Dotts

16. BIRTHPLACE (city or town) Kayses
(State or country)

17. INFORMANT Roy Baker
(Address) Butte Ida

18. BURIAL, CREMATION OR REMOVAL
Place Wallace Ida Date May 23, 1938

19. UNDERTAKER J. A. Baker
(Address) Wallace Ida

20. FILED May 23, 1938 John Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) May 22 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw him alive on May 22 1938: death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

High instrumental delivery
Still born

Other contributory causes of importance:

High instrumental delivery

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) John Baker M. D.(Address) Wallace Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		S
County of	City of	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		
Living Falls		AUG 8 - 1938		269965
No.	St.	Registration District No. 39		
(If born in hospital or institution give name.)		Prim. Registration District No. 2087		Local Registrar's No.
2. FULL NAME OF CHILD <u>Bernice Wynne McCandless Jr.</u>				
3. Sex <u>m</u>	If plural births {	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>yes</u>
		5. Number, in order of birth	Full term <u>yes</u>	8. Date of birth <u>7-20-38</u> 1938 (Month, Day, Year)
9. Full name FATHER <u>Bernice Wynne McCandless</u>			18. Full maiden name MOTHER <u>Luella Mae Hart</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Castleford, Ida.</u>			19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race <u>W.</u>			12. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) <u>Canville, Mo.</u> (State or Country)			22. Birthplace (city or place) <u>Pioneer Mo.</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work	
19.		19.		26. Total time (years) spent in this work
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Neoborn</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation { months or weeks				
30. Cause of Stillbirth { During labor <u>difficult delivery</u> Before labor				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 6 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

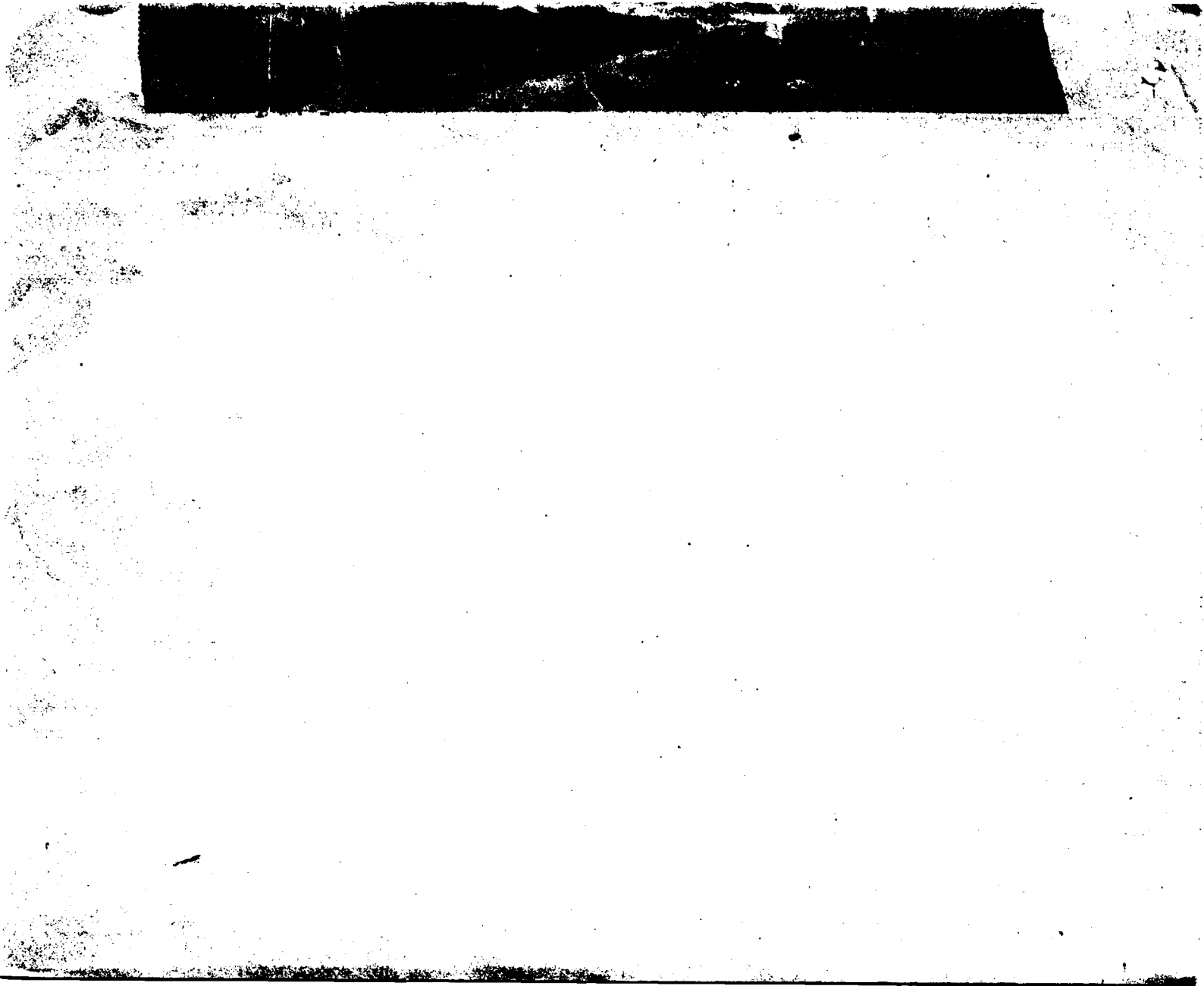
(Signed) M. L. Drake, M. D.

or _____, Midwife

Address Buhl, Ida.

Filed 8/5 1938 Anastasia Wilson

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Living FallsCity of Chattanooga

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 39Primary Registration District No. 2087

DO NOT WRITE IN THIS SPACE
110709
110535
State File No. _____

Local Registrar's No. _____

AUG 8 - 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bernice Wayne McCandless Jr.

(a) Residence. No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) 7-20-38

7. AGE Years stillborn Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Chattanooga, Tenn.
(State or country)13. NAME Bernice Wayne McCandless Jr.14. BIRTHPLACE (city or town) Cassville, Mo.
(State or country)15. MAIDEN NAME Irma Mac Vart.16. BIRTHPLACE (city or town) Pioneer, Mo.
(State or country)17. INFORMANT Bernice Wayne McCandless Jr.
(Address) Chattanooga, Tenn.18. BURIAL, CREMATION OR REMOVAL
Place Chattanooga Date 7/20, 193819. UNDERTAKER Frank Johnson
(Address) Chattanooga20. FILED 7/27, 1938 Martha Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 7-20 193822. I HEREBY CERTIFY, That I attended deceased from 7-20-38 1938 to 1938I last saw him alive on 7-20-38, 1938; death is saidto have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

(Stillborn)
difficult labor

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) M. D. Drake M. D.(Address) Bull

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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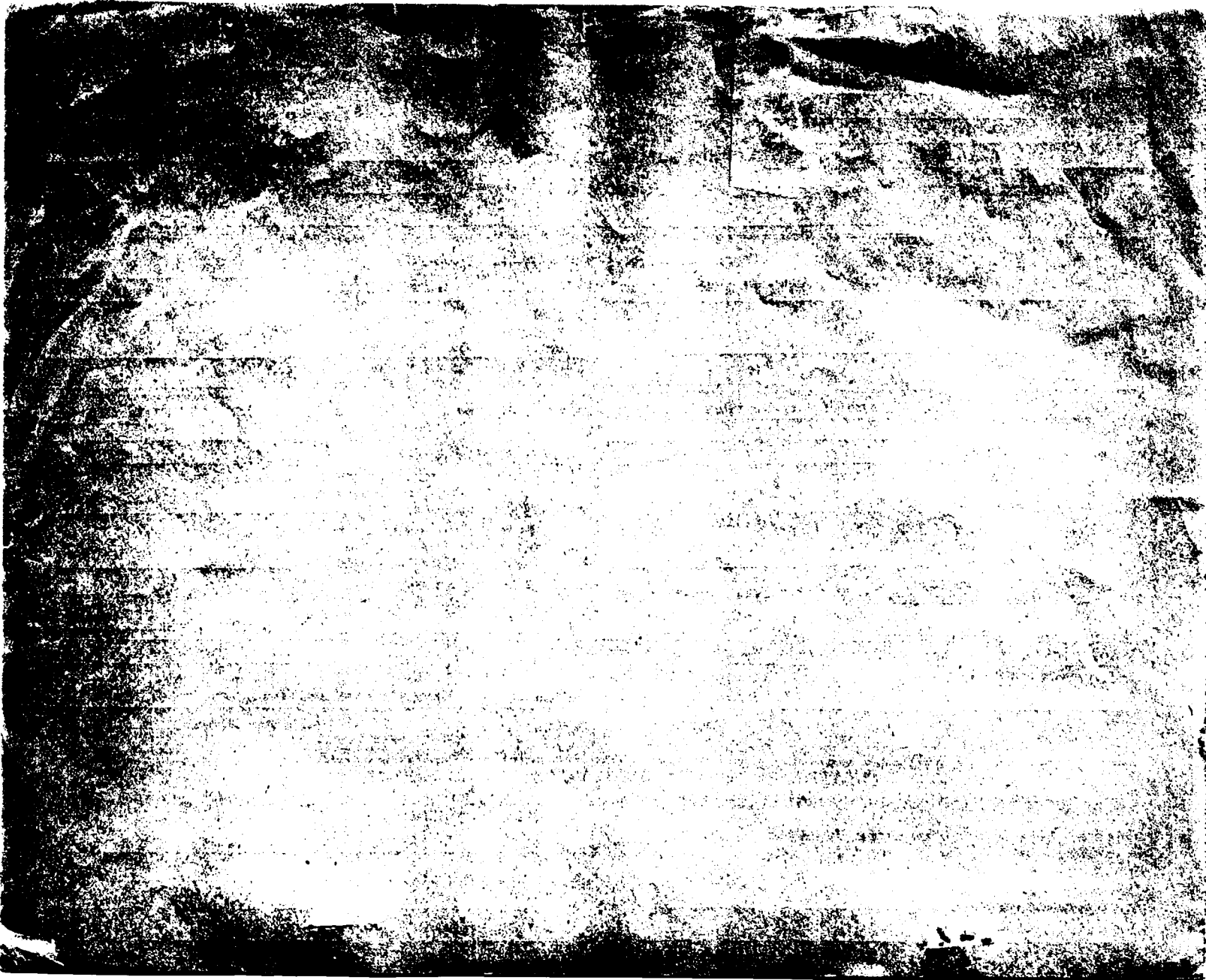
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

566/152091-458
PLACE OF BIRTH
County of _____
City of Boise
No. 8 St. _____
(If born in hospital or institution give name.)
Registration District No. 2 State File No. 271048
Prim. Registration District No. 1004 Local Registrar's No. 573
AUG 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. **FULL NAME OF CHILD**
3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature 4mo Full term _____ 7. Legitimate? Y 8. Date of birth 6-15 1938 (Month, Day, Year)
9. Full name Robert Hooper FATHER 18. Full maiden name Geneva Dayton MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) Rt 5 Boise 19. Residence (usual place of abode) (If non-resident, give place and State) Rt 5 Boise
11. Color or race _____ 12. Age at last birthday ? (years) 20. Color or race W 21. Age at last birthday 20 (years)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mr. Caroline Oaks 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work ? 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work ?
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 3
29. If stillborn, period of gestation 5 1/2 mo { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor Mechanical (catheter)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 7³⁵ PM m. on the date above stated. (Born Alive or Stillborn)
(Signed) W. D. Springer, M. D. or _____, Midwife
Address _____
Filed 8-10, 1938 B. L. Sharp Registrar.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St. Alphonsus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Hooper(a) Residence No. Route # 5, Boise, Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June. 15, 1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.
none none none

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

13. NAME Robert S. Hooper

14. BIRTHPLACE (city or town) Georgia
(State or country)

15. MAIDEN NAME Geneva Dayton

16. BIRTHPLACE (city or town) Georgia
(State or country)

17. INFORMANT Robert S. Hooper
(Address) Route # 5, Boise, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Morris Hill Date 6/16/, 193 8

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 6-20, 193 8 B. Sharp
Registrar.

DO NOT WRITE IN THIS SPACE

110633

State File No. 110633Local Registrar's No. 175MEDICAL CERTIFICATE OF DEATH June21. DATE OF DEATH (month, day and year) 15 1938

22 I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw h _____ alive on _____ 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

ph. not viable at birth

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) B. Sharp, M. D.(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 266-PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lena Madia Bowen

3. Sex Female If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature Yes Full term _____
7. Legitimate? Yes _____
8. Date of birth August 4, 1938
(Month, Day, Year)

9. Full name FATHER
Rulon Bowen
10. Residence (usual place of abode)
(If non-resident, give place and State) Grace, Idaho
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Garland, Utah
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trapper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. S. Gov't
16. Date (month and year) last engaged in this work at present, 1938
17. Total time (years) spent in this work one

18. Full maiden name MOTHER
Verna Rasmussen
19. Residence (usual place of abode)
(If non-resident, give place and State) Grace, Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) Lago, Idaho
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work at present, 1938
26. Total time (years) spent in this work three

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boyd's
28. Number of children of this mother (At time of this birth and including this child)
Two
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn one
29. If stillborn, period of gestation six months { months or weeks
30. Cause of Stillbirth { During labor _____
Before labor Appendicitis

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 8:45 Pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) W. W. Brothers, M. D.

or _____ Midwife

Address _____

Filed August 30, 1938 D. C. Ray
Registrar.

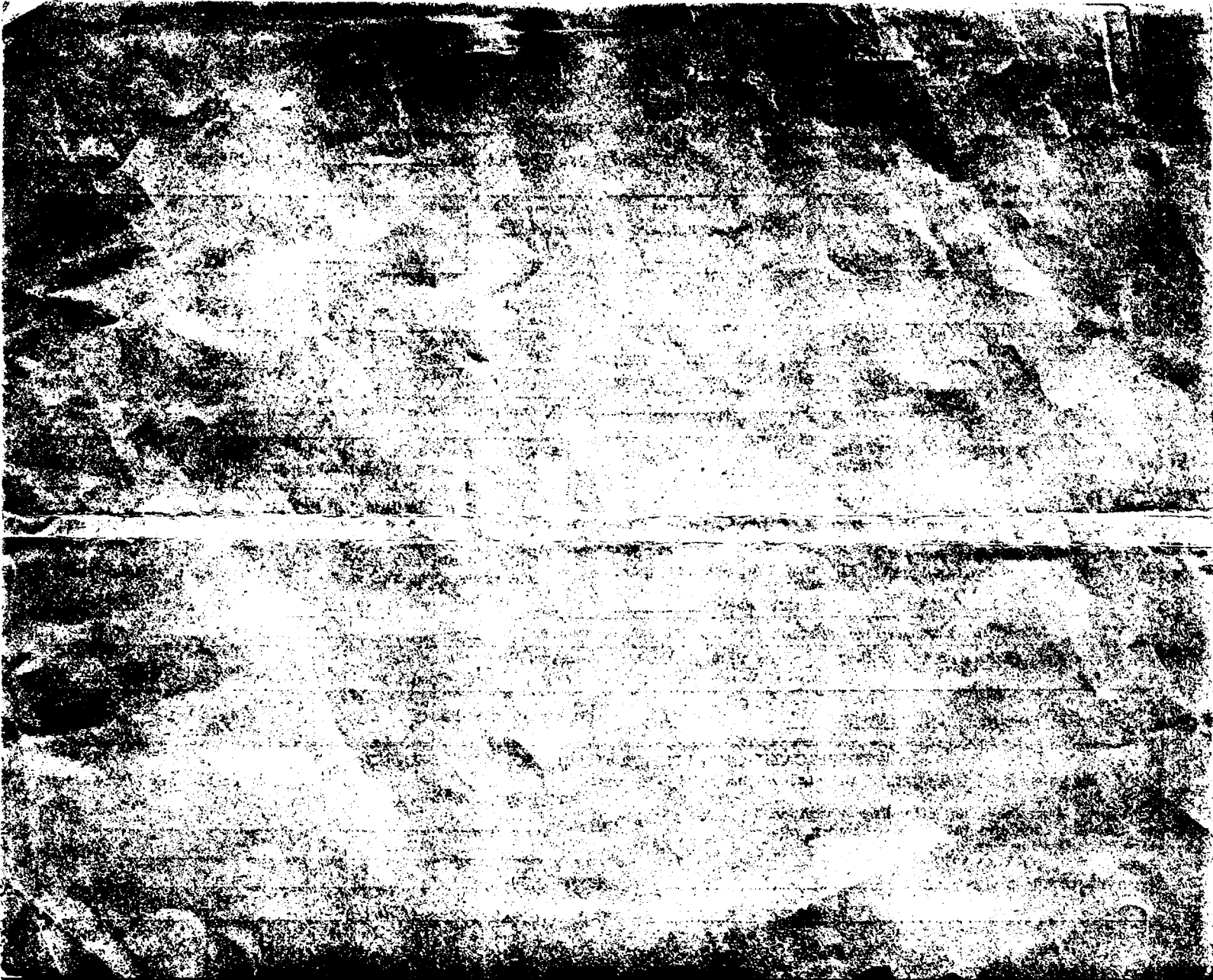
SEP 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
271049

Registration District No. 28 State File No. _____

Prim. Registration District No. 2161 Local Registrar's No. 4821



Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock
City of Pocatello

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110710

Registration District No. 28

Primary Registration District No. 2161

Local Registrar's No. 186

(If death occurred in a hospital or institution, give its name instead of street and number)
Lena Madra Bowen

2. FULL NAME

(a) Residence No. _____ St. _____
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day and year) August 4, 1938

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day _____ hrs _____ min

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----

10. Date deceased last worked at this occupation -- 11. Total time (years) spent in this occupation --
(mo. and yr.)

12. BIRTHPLACE (city or town) Pocatello
(State or country) Idaho

13. NAME Rulon Bowen

14. BIRTHPLACE (city or town) Garland, Utah
(State or country)

15. MAIDEN NAME Verna Rasmussen

16. BIRTHPLACE (city or town) Lago, Idaho
(State or country)

17. INFORMANT Rulon Bowen
(Address) Grace, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Grace Date Aug 5, 1938

19. UNDERTAKER
(Address)

20. FILED 9-14, 1938

D. C. Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1938 to 8/4 1938

I last saw him alive on Stillborn 1938; death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

Other contributory causes of importance:

Acute jaundice
afflicted a few days
prior to death
1938

Name of operation -- Date of --

What test confirmed diagnosis? -- Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? -- Date of injury 1938

Where did injury occur? --
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. --

Manner of injury --

Nature of injury --

24. Was disease or injury in any way related to occupation of deceased no If so, specify

(Signed) W. H. Brothers M. D.
(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

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.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, and the number of birth stated.

1. 313-11303-396
PLACE OF BIRTH
County of Bannock
City of Pocatello
No. St. Anthony Hospital St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 271050

SEP 12 1938

Registration District No. 28 State File No. 4840
Prim. Registration District No. 2161 Local Registrar's No. 4840

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

Delbert Russell Taibot

3. Sex MALE If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature YES 7. Legitimate? YES 8. Date of birth Aug 13, 1938 (Month, Day, Year)

9. Full name Delbert Drury Taibot FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) R.F.D. Pocatello

11. Full maiden name Myrtle Croshaw MOTHER
12. Residence (usual place of abode) (If non-resident, give place and State) R.F.D. Pocatello

13. Color or race W 14. Age at last birthday 29 (years)
15. Birthplace (city or place) (State or Country) FAIRVIEW, IDAHO

16. Color or race W 17. Age at last birthday 23 (years)
18. Birthplace (city or place) (State or Country) Pocatello, IDAHO

OCCUPATION
19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER
20. Industry or business in which work was done, as silk mill, sawmill, bank, etc. M. Boam
21. Date (month and year) last engaged in this work JUNE 1, 1938
22. Total time (years) spent in this work 10 YRS

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
25. Date (month and year) last engaged in this work Aug. 13, 1938
26. Total time (years) spent in this work 3 YRS

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
1 (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 1/2 { months or weeks _____ 30. Cause of stillbirth { Before labor _____ During labor _____
Puerperal Eclampsia

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:38 p.m. on the date above stated.
(Born ~~Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) F.S. Miller, M. D.

or _____, Midwife

Address 3108 Center St., Pocatello

Filed 9-8, 1938 D.C. Ray

Registrar.

NOTES

TO BE REPRODUCED

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1. The first of these is the fact that the

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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11. Responder (not a

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

10/10/54

10-10-68 (copy) sent to T-101

NOV 21 1961

12-10-68

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bannock

City of Pocatello

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 28

Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

110711

State File No. _____

Local Registrar's No. 169

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Delbert Talbot

(a) Residence No. So of Pocatello R. & D. #51

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. Color or Race white

5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 13 1938

7. AGE Years _____

Months _____

Days _____

If LESS than 1 day hrs min _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Pocatello Idaho

13. NAME Delbert Talbot

14. BIRTHPLACE (city or town) (State or country) Harmon Idaho

15. MAIDEN NAME Muriel Crasshaw

16. BIRTHPLACE (city or town) (State or country) Bannock Co. Idaho

17. INFORMANT (Address) Delbert Talbot

18. BURIAL, CREMATION OR REMOVAL

Place Preston Idaho Aug 15 1938

19. UNDERTAKER (Address) A. J. McLean

20. FILE Aug 14 1938 28-142938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 13 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1938, to Aug 13 1938

I last saw him alive on _____ 1938: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Premature Birth

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased _____ If so, specify _____

(Signed) F. S. Miller, M. D.

(Address) Pocatello, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—FILL IN ALL BLANK SPACES AND ATTACH TO EACH PAGE OF THIS FORM ONE CHILD AT BIRTH A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH STATED.

433-222-006-434
1. PLACE OF BIRTH
County of Benton
City of Blackfoot #1
No. _____ St.

SEP 9 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 271051

(If born in hospital or institution give name) Prim. Registration District No. 21904 Local Registrar's No. 243

2. FULL NAME OF CHILD Still Born m^c Conley

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>8-20</u> 193 <u>8</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>	mate? <u>yes</u>	

9. Full name FATHER <u>Herbert B m^c Conley</u>	18. Full maiden name MOTHER <u>Jane m^c Murdie</u>
---	--

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot R#1</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>R#1</u>
--	--

11. Color or race <u>Cauc</u>	12. Age at last birthday <u>62</u> (years)	20. Color or race <u>Cauc</u>	21. Age at last birthday <u>38</u> (years)
-------------------------------	--	-------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Richland Co. Wis.</u>	22. Birthplace (city or place) (State or Country) <u>Blackfoot R#2 Idaho</u>
---	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
--	--

16. Date (month and year) last engaged in this work <u>Present</u> , 19____	17. Total time (years) spent in this work <u>yes</u>	25. Date (month and year) last engaged in this work <u>Present</u> , 19____	26. Total time (years) spent in this work <u>yes</u>
---	--	---	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Yes

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 11 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation <u>Term</u> { months or weeks	30. Cause of Stillbirth <u>Premature ap. placenta</u> During labor. Before labor. <u>yes</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 9 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

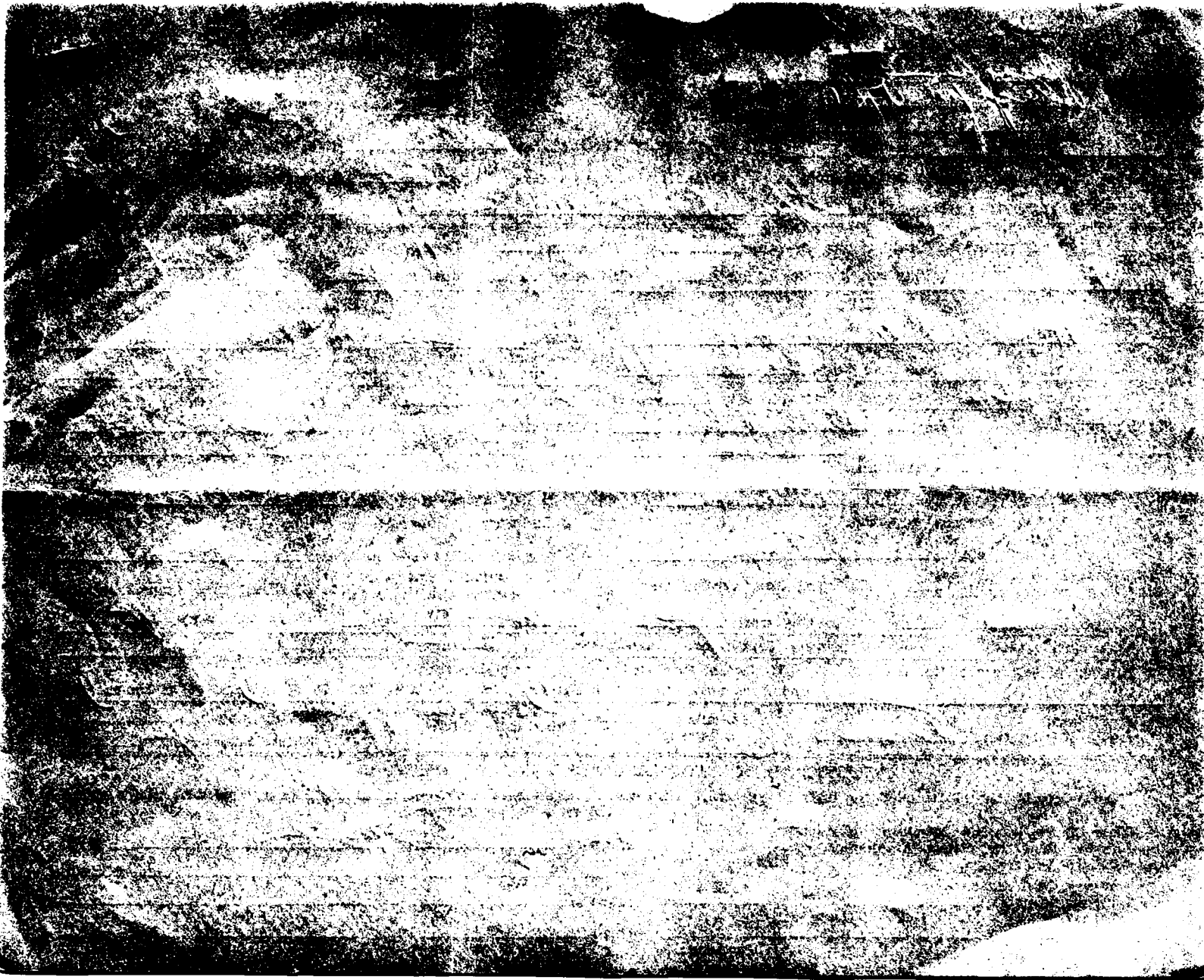
Registrar.

(Signed) A E Miller, M. D.

or _____, Midwife

Address 57 Mrs. Helen E. Latimer

Filed Sept. 8, 1938 Registrar.



B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County of Birmingham
City of Blackford
IPD # 1430

Registration District No. 121

Primary Registration District No. 2174

DO NOT WRITE IN THIS SPACE

110712

State File No

Local Registrar's No. 118

SEP 9 - 1938

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. Blackport #771 / 1 S. (Usual place of abode) (If none, state where)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. Color or Race Caucasian	5. Single, Married, Widowed or Divorced (write the word) Single
-------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-22-38

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	H. H. Corn			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation
--	---

12. BIRTHPLACE (city or town) Blanco, TX
(State or country) TX

13. NAME Herbert B. E. Conley

14. BIRTHPLACE (city or town)
(State or country) Edinburgh, Scotland

15. MAIDEN NAME *Janet M. C. Murdock*

16. BIRTHPLACE (city or town) Chambersburg PA
(State or country) PA

17. INFORMANT (Address) Re: West B M O Confer
Re: 1000 R #1

18. BURIAL, CREMATION OR REMOVAL W 7-17
Place Groveland Date 8-23, 1938

19. UNDERTAKER (Address) Harriet B. C. L. L. L.

20. FILED Aug 23 1938 Mrs. Halstead
Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-22 1938

22. I HEREBY CERTIFY That I attended deceased from
8-11-1938 to 11-11-1938

I last saw her alive on _____, 193____: death is said
to have occurred on the date stated above, at _____ 9 7 m.
The principal cause of death and related causes of importance
were as follows: _____

were as follows:

Date of exam _____

[Signature]

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 193.....
Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) W. E. Miller M. D.
(Address) Blackfoot, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Date of onset

Arteriosclerosis

1916

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

314-151-009-294

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 10 1938

CERTIFICATE OF BIRTH S 271052

County of Bonner
City of Prest River
No. Brest River Hospital St.
(If born in hospital or institution give name.)
Registration District No. 85 State File No. _____
Prim. Registration District No. 2185 Local Registrar's No. 40-38

1. FULL NAME OF CHILD = Ray Joseph Campbell

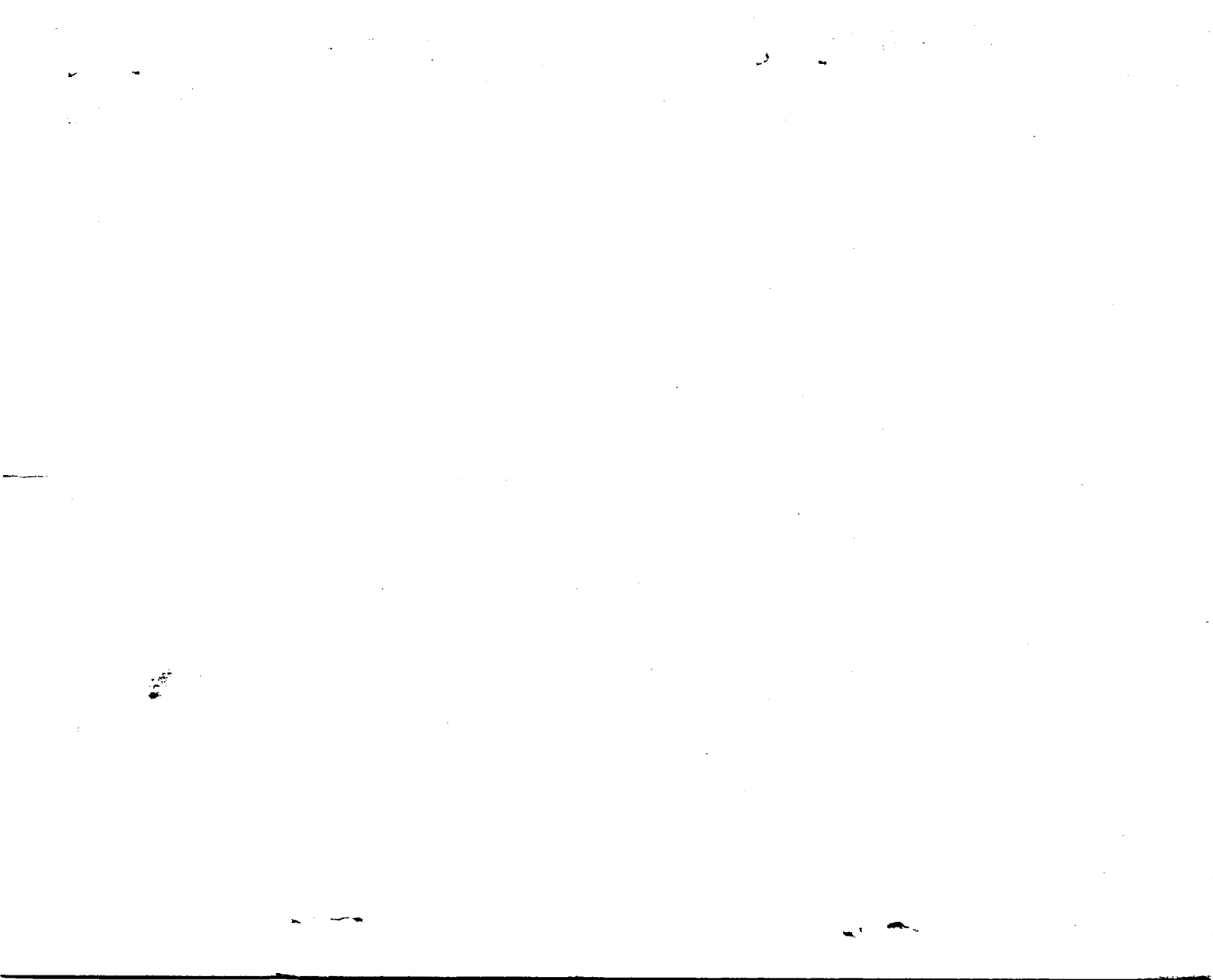
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>July 21</u> 193 <u>8</u> (Month, Day, Year)
9. Full name <u>Ray Joseph Campbell</u>	FATHER		18. Full maiden name <u>Ollie M. Kummer</u>	
10. Residence (usual place of abode) <u>Prest</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Prest River</u> (If non-resident, give place and State)		20. Color or race <u>white</u> 21. Age at last birthday <u>31</u> (years)	
11. Color or race <u>white</u> 12. Age at last birthday <u>31</u> (years)	13. Birthplace (city or place) <u>Prest River</u> (State or Country)		22. Birthplace (city or place) <u>Rice Lake, Wisconsin</u> (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>cedar poles</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
16. Date (month and year) last engaged in this work <u>July 21</u> , 19 <u>38</u>	17. Total time (years) spent in this work <u>3</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
25. Date (month and year) last engaged in this work <u>July 21</u> , 19 <u>38</u>	26. Total time (years) spent in this work <u>6</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____	
28. Number of children of this mother <u>five</u> (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>9 months</u> { months or weeks <u>11</u>		
30. Cause of Stillbirth <u>pregnancy</u>		During labor _____ Before labor <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 P.M. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Leslie J. Stauffer, M. D.
or _____, Midwife
Address Prest River, Idaho
Filed 7-22, 1938 A. Johnson
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonner
City of Prest River

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 85

Primary Registration District No. 2185

DO NOT WRITE IN THIS SPACE

State File No. 110700

Local Registrar's No. 17-38

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence. No. _____

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day... hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prest River
(State or country)

13. NAME Ray Joseph Campbell

14. BIRTHPLACE (city or town) Council Bluffs
(State or country) Iowa

15. MAIDEN NAME Alice M. Kummert

16. BIRTHPLACE (city or town) Rice Lake
(State or country) Wisconsin

17. INFORMANT Mrs. Alice M. Campbell
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Prest River Date 7-22, 1938

19. UNDERTAKER D. G. Moon
(Address) Sandpoint Idaho

20. FILED 7-22, 1938 D. G. Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 21 1938

22. I HEREBY CERTIFY, That ~~deceased~~ was stillborn 193... to ... 193...

I last saw h... alive on ... 193...; death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

perhaps frequent pregnancy
last child was born
July 4 - 1937

Name of operation... Date of...

What test confirmed diagnosis?... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury... 193...

Where did injury occur? ... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...

Nature of injury...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Leslie J. Stauffer M. D.
(Address) Prest River, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 296-133-296 PLACE OF BIRTH
County of Bonner
City of Idaho Falls
No. _____ St. _____

REC.
SEP 7 - 1938
STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 271053**

Registration District No. 73 State File No. _____
Prim. Registration District No. 2150 Local Registrar's No. 525

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Boy Brown

3. Sex Male If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature _____ 7. Legiti-
mate? no 8. Date of birth 8 13 1938
(Month, Day, Year)

9. Full name FATHER Unknown 18. Full maiden name MOTHER Laurine Brown

10. Residence (usual place of abode) ? 19. Residence (usual place of abode) Idaho Falls Id.
(If non-resident, give place and State)

11. Color or race ? 12. Age at last birthday ? (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) ? 22. Birthplace (city or place) Idaho Falls Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Keeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 17. Total time (years) spent _____
19. _____ in this work _____ 25. Date (month and year) last engaged in this work 26. Total time (years) spent _____
19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
2 (a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation Full Term { months or weeks 30. Cause of Stillbirth ? { During labor _____
Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 9:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) C. C. Erickson, M. D.

Give name added from a supplemental report _____ or _____, Midwife

Address Idaho Falls Idaho

Filed Aug 16, 1938 Registrar. Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Southern
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

110713

State File No.

Registration District No. 73Primary Registration District No. 2100Local Registrar's No. 175

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Brown(a) Residence No. Airport road St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race Wh. 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) August 13, 1938

7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rorraine Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION OR REMOVAL Place Idaho Falls Date Aug 13, 1938

19. UNDERTAKER (Address)

20. FILED Aug 13, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 13, 1938

22 I HEREBY CERTIFY, That I attended deceased from

Aug 13, 1938, to Aug 13, 1938I last saw him live on Aug 12, 1938; death is saidto have occurred on the date stated above, at 9:00 A.M.

The principal cause of death and related causes of importance were as follows:

Respiratory (8 mo.)
Stillborn

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) T. C. Emshorn M. D.(Address Idaho Falls, Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rigby R D #1
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 271054**
Registration District No. 98 State File No. _____
Prim. Registration District No. 2176 Local Registrar's No. 124

2. FULL NAME OF CHILD Gary S Russell

3. Sex male	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature Yes Full term 32 wks	7. Legitimate? Yes	8. Date of birth 8-23-38 , 1938 (Month, Day, Year)
9. Full name Wesley W Russell	FATHER		MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) Rigby R D Ida.	18. Full maiden name Sylvia E Peterwen		19. Residence (usual place of abode) (If non-resident, give place and State) Rigby R D Ida.	
11. Color or race W	12. Age at last birthday 48 (years)	20. Color or race W	21. Age at last birthday 41 (years)	
13. Birthplace (city or place) (State or Country) Anaconda Utah MONTANA	22. Birthplace (city or place) (State or Country) Richfield Utah			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home			
16. Date (month and year) last engaged in this work 8-23-38	17. Total time (years) spent in this work 28	25. Date (month and year) last engaged in this work 8-23-38	26. Total time (years) spent in this work 21	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **none**

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living **8** (b) Born alive but now dead **0** (c) Stillborn **1**

29. If stillborn, period of gestation **32** { months or weeks

30. Cause of Stillbirth **asphyxiation** (During labor **yes** Before labor _____)

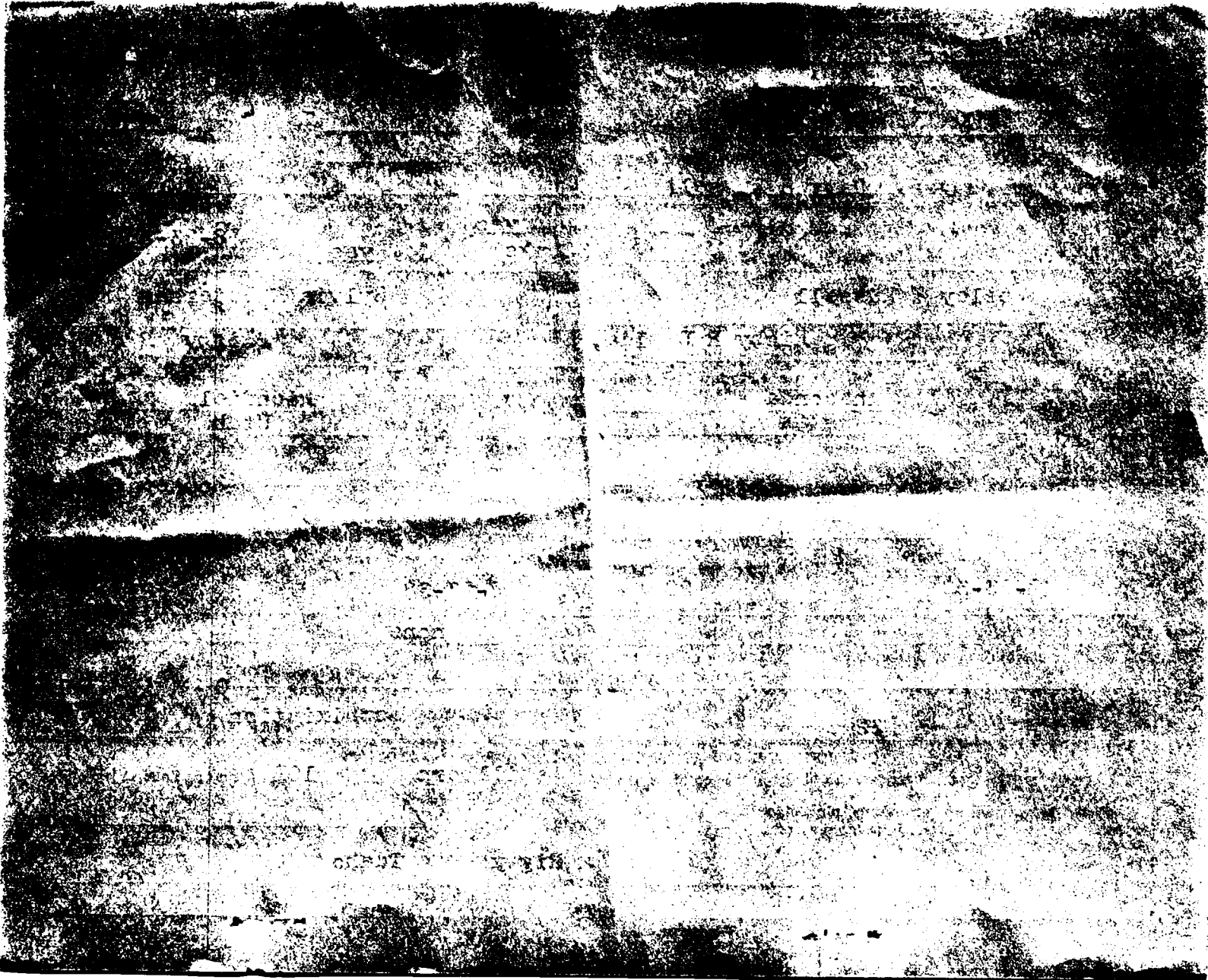
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **stillborn** at **ROP** m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) [Signature], M. D.
or **Rigby Idaho**, Midwife
Address **SEP 10 1938**
Filed _____, 1938 [Signature]
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby R. #1

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 98Primary Registration District No. 2176

DO NOT WRITE IN THIS SPACE

State File No. 110714Local Registrar's No. 34

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Gary S. Russell

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the age) Married

5a. If married, widowed, or divorced:
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 23

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby
(State or country) Idaho

13. NAME Wesley Russell

14. BIRTHPLACE (city or town) Anaconda
(State or country) Montana

15. MAIDEN NAME Sylvia Petersen

16. BIRTHPLACE (city or town) Richfield
(State or country) Utah

17. INFORMANT Wesley Russell
(Address) Rigby, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Rigby, Ida. Date Aug 24, 1938

19. UNDERTAKER None
(Address)

20. FILED Aug 24, 1938 Wesley Russell
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8-23-38

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h. _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation

Date of onset
8-23-38

Other contributory causes of importance:

Pneumonia

Name of operation no Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wesley Russell(Address Rigby, Ida.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Lewiston
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271055

SEP 9 - 1938

Registration District No. 98 State File No. _____
Prim. Registration District No. 2176 Local Registrar's No. 141

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex male If plural { 4. Twin, triplet, or other _____ 6. Premature yes 7. Legiti-
births { 5. Number, in order of birth _____ Full term no mate? yes 8. Date of birth Sept 3 1938
(Month, Day, Year)

9. Full name Joseph William Higginson FATHER 18. Full maiden name Badel Hansen MOTHER

10. Residence (usual place of abode) Lewiston, Idaho 19. Residence (usual place of abode) Lewiston, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 30 (years) 20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Idaho Falls, Idaho #5 22. Birthplace (city or place) Idaho Falls, Idaho #5
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Milk truck 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work At present, 19 17. Total time (years) spent in this work Two yrs. 25. Date (month and year) last engaged in this work At present, 19 26. Total time (years) spent in this work all her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) Five
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 2

29. If stillborn, period of gestation Six + + { months or weeks 30. Cause of Stillbirth ? { Before labor ?
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 3⁰⁰ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

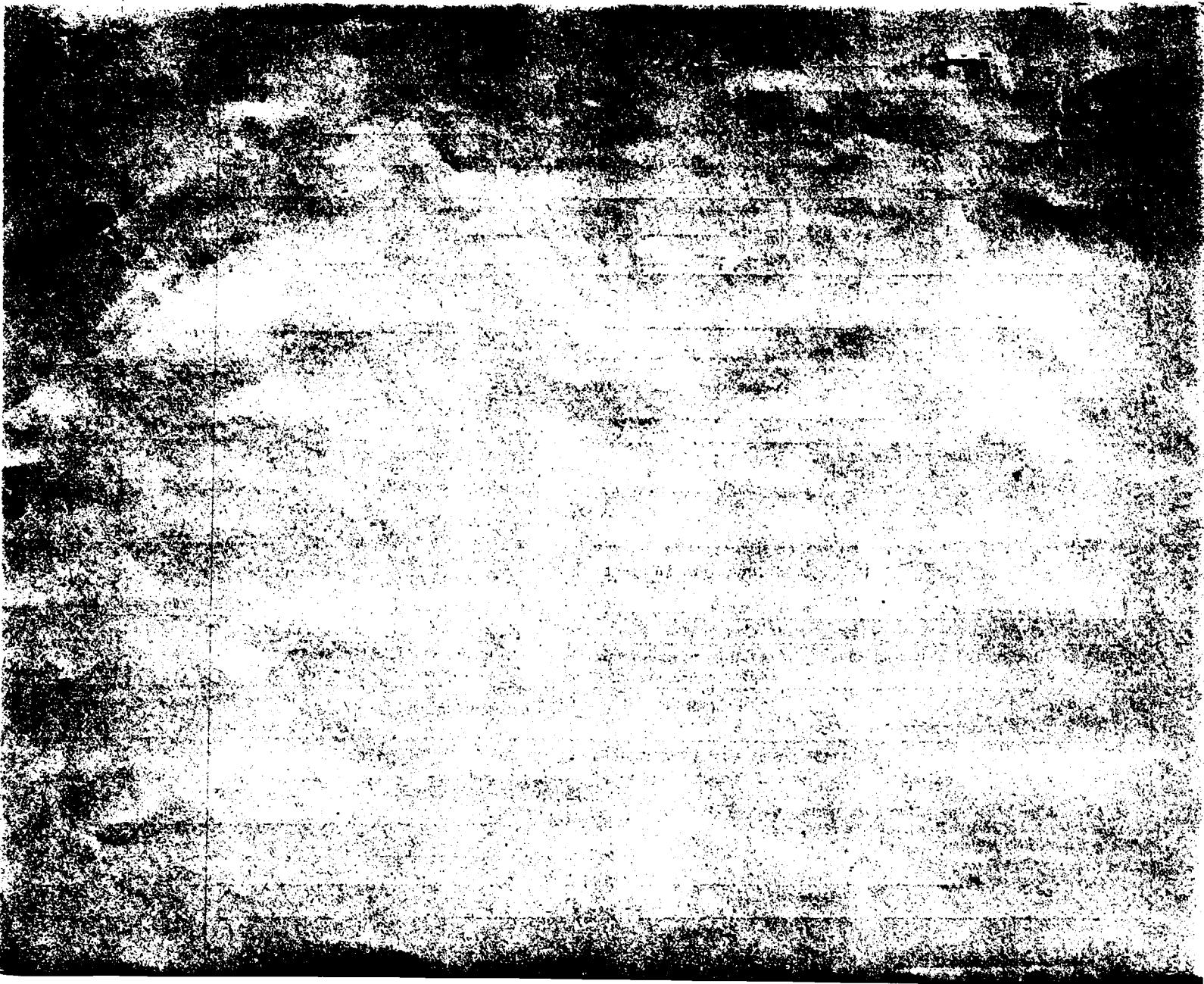
(Signed) Edna T. Bell, M. D.

or _____, Midwife

Address Idaho

Filed SEP 10 1938 193 Mrs. A. Becknell

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Jefferson
City of Lewisville, Ida.
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110715

Registration District No. 98

Primary Registration District No. 2176

Local Registrar's No. 38

(No _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME _____

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Babe

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Stillborn

6. DATE OF BIRTH (month, day, and year) 9/3/38

7. AGE Years Months Days
0 0 0
If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewisville
(State or country) Idaho

13. NAME Joseph William Higginson

14. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho #5

15. MAIDEN NAME Badel Hansen

16. BIRTHPLACE (city or town) Idaho Falls,
(State or country) Idaho #5

17. INFORMANT Dr. Aldon Tall
(Address) Rigby, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Lewisville Date 9/3/38, 1938

19. UNDERTAKER none
(Address) _____

20. FILED 9/10, 1938 Mrs. A. G. G. G.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/3/1938

22 I HEREBY CERTIFY, That I attended deceased from 9/3/38, 1938, to 9/3, 1938

I last saw h. Stillborn 1938: death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:

1. Premature Fetus
2. Died and 1/2 mo.
3. Pregnancy
no other causes known
mother was in perfect health

Other contributory causes of importance: _____

Date of onset 9/3/38

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation or deceased? no If so, specify _____

(Signed) Aldon Tall, M. D.
(Address) Rigby, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH				S 271056					
County of <u>Jerome</u> City of <u>Jerome</u> No. _____ St. _____		Registration District No. _____		State File No. _____							
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. <u>18</u>							
2. FULL NAME OF CHILD <u>Lillian A. Waters</u>											
3. Sex <u>Female</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>Yes</u>		7. Legiti- mate? <u>Yes</u>		8. Date of birth <u>8-18</u> 19 <u>38</u> (Month, Day, Year)			
9. Full name <u>Lake H. Waters</u>		FATHER		18. Full maiden name <u>Sydia Blum</u>		MOTHER					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>38</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Jerome</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Lincoln Nebraska</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>		22. Birthplace (city or place) (State or Country) <u>Lincoln Nebraska</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>8-18</u> , 19 <u>38</u>		17. Total time (years) spent in this work <u>20 yrs</u>		25. Date (month and year) last engaged in this work <u>8-17</u> , 19 <u>38</u>		26. Total time (years) spent in this work <u>17 yrs</u>					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____											
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>											
29. If stillborn, period of gestation <u>40</u> { <u>months</u> or weeks _____											
30. Cause of stillbirth <u>Premature sep. placenta</u> Before labor _____ During labor _____											
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at _____ m. on the date above stated. (Born Alive or Stillborn)											
When there was no attending physician or midwife, then the father, household, etc., should make this return.											
Give name added from a supplemental report _____											
(Date of) _____											
Registrar. _____											
(Signed) <u>Carlyle Thail</u> , M. D.											
Address <u>Jerome Idaho</u>											
Filed <u>9/22</u> , 193 <u>8</u> <u>C. T. Keller</u> Registrar.											

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jerome
City of Jerome

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. _____

Primary Registration District No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lillian A. Walters

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Female

4. Color or Race

White

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of _____

(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Aug 18 - 1918

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Jerome
(State or country) Idaho

MOTHER FATHER

13. NAME Jake H. Walter14. BIRTHPLACE (city or town) Nebraska
(State or country)15. MAIDEN NAME Lillian Blum16. BIRTHPLACE (city or town) Freemont
(State or country) Nebraska17. INFORMANT J. H. Walters
(Address) Jerome

18. BURIAL, CREMATION OR REMOVAL

Place Jerome Cal. Date Aug 19, 193819. UNDERTAKER J. R. Wilkey
(Address) Jerome Idaho20. FILED 23

1938

A

C. E. Zeller

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 110716Local Registrar's No. 18

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/18/1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____ to _____, 193____.

I last saw h. _____ alive on _____ 193____: death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

StillbornDue to premature separation of placenta48 hrs. before delivery

Other contributory causes of importance: _____

Date of onset _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Carlyle H. H. H. M. D.(Address) Jerome, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	Date of onset
	1921
Cerebral hemorrhage	Date of onset
	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	Date of onset
	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	Date of onset
	1 week ago
Peritonitis	Date of onset
	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. _____ St. _____

RECEIVED
AUG 23 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S271057**

(If born in hospital or institution give name.)

Registration District No. 90 State File No. _____
Prim. Registration District No. 1051 Local Registrar's No. 254

2. FULL NAME OF CHILD Marjorie Blackmer

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>7/11</u> 193 <u>8</u> (Month, Day, Year)
-----------------	--------------------	----------------------------------	------------------------------------	--------------------	---------------------------	---

9. Full name Rex Blackmer FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Rathdrum, Ida
11. Color or race W 12. Age at last birthday 28 (years)
13. Birthplace (city or place) Alberta
(State or Country) Canada
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Intertele Tel. Co.
16. Date (month and year) last engaged in this work Now, 1938
17. Total time (years) spent in this work 4

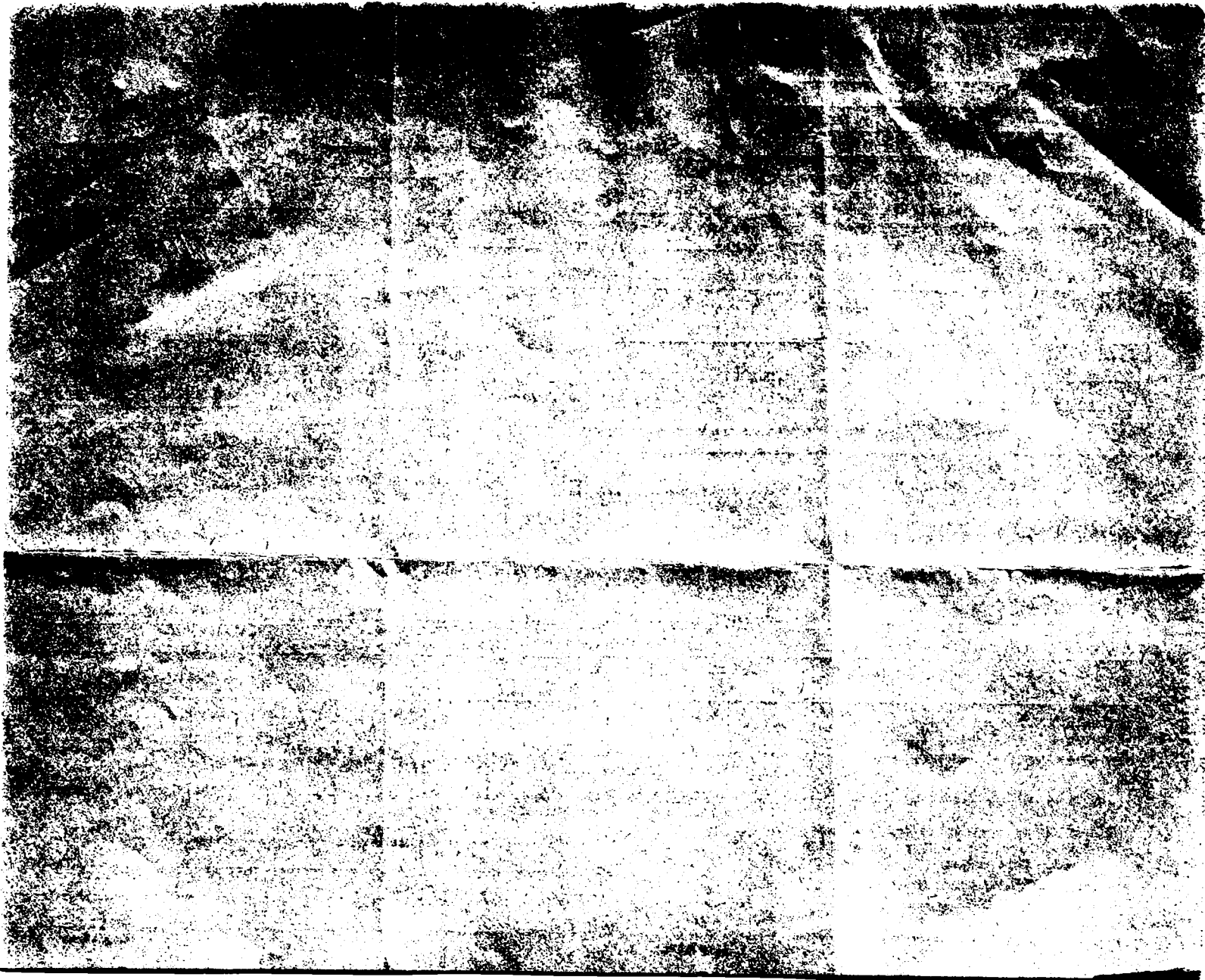
18. Full maiden name Dorothy Eagle MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Rathdrum, Idaho
20. Color or race W 21. Age at last birthday 21 (years)
22. Birthplace (city or place) Hailey
(State or Country) Montana
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None—Stillborn
28. Number of children of this mother (At time of this birth and including this child)
1 (Stillborn) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation Full time { months or weeks
30. Cause of stillbirth Angenital anomaly { Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) F. F. Hanning, M. D.
or _____, Midwife
Address Coeur d'Alene
Filed Aug 20, 1938 L. K. Krolshen M.D.
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



PLACE OF DEATH

STATE OF IDAHO

County of

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

City of

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110717

Registration District No. 80

Primary Registration District No. 1051

Local Registrar's No. 104

(No. _____)

2. FULL NAME *Margorie Blackmer* occurred in a hospital or institution give its name instead of street and number) 215

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced, (write the word) *single*

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) *7-11-1935*

7. AGE

Years

Months

Days

If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Coeur d'Alene* (State or country)

MOTHER FATHER

13. NAME *Rex Blackmer* *Alberta*14. BIRTHPLACE (city or town) *Can* (State or country)15. MAIDEN NAME *Dorothy Eagle*16. BIRTHPLACE (city or town) *Haver* (State or country)17. INFORMANT *Rex P. Blackmer*(Address) *Rathdrum, Ida*

18. BURIAL, CREMATION OR REMOVAL

Place *Coeur d'Alene* Date *7-13*, 193*8*19. UNDERTAKER *Cassidy Morhagen*(Address) *Rathdrum, Ida*20. FILED *7-13*, 193*8*

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) *7-11-1938*22 I HEREBY CERTIFY That I attended deceased from *7/11/1938* to *7/11/1938*I last saw *Stillborn* alive on *7/11/1938*; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset _____*Constitutional developmental defect of brain & skull (and respiratory)*

Other contributory causes of importance: _____

Name of operation *No mid deliveries* Date of _____What test confirmed diagnosis? *PG* Was there an autopsy? *No*

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide _____ Date of injury _____ 193*8*

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____(Signed) *P. P. Manning* M. D.(Address) *Coeur d'Alene*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED
AUG 8 1938

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

2724
PLACE OF BIRTH
County of Madison
City of Redburg
No. 1 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

271058

CERTIFICATE OF BIRTH

S

SEP 12 1938
Registration District No. 100 State File No. _____
Prim. Registration District No. 2128 Local Registrar's No. 204

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stallborn Hirai

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature <input checked="" type="checkbox"/> Full term _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug 16, 1938</u> (Month, Day, Year)
		5. Number, in order of birth _____			

OCCUPATION	9. Full name <u>Yuzo Hirai (HIRAI)</u>	FATHER
	10. Residence (usual place of abode) (If non-resident, give place and State) <u>Redburg</u>	
	11. Color or race <u>Japanese</u>	12. Age at last birthday <u>53</u> (years)
	13. Birthplace (city or place) (State or Country) <u>Japan</u>	
	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____

OCCUPATION	18. Full maiden name <u>Yoshiko Shioni</u>	MOTHER
	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Redburg</u>	
	20. Color or race <u>Japanese</u>	21. Age at last birthday <u>38</u> (years)
	22. Birthplace (city or place) (State or Country) <u>Japan</u>	
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
25. Date (month and year) last engaged in this work _____, 19____		26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) 10
(a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 months { months or weeks

30. Cause of Stillbirth Unknown { During labor Before labor 2 weeks

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:15 pm on the date above stated.
(Born ~~Alive~~ or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) John A. Rich, M. D.
or _____, Midwife
Address Redburg Idaho
Filed 9-8, 1938 Mr. Henry Registrar

UNIVERSITY OF MICHIGAN

2

THE UNIVERSITY OF MICHIGAN LIBRARY
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DATE: 10/10/1997
TIME: 10:10:10
BY: [illegible]

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]

RE: [illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

[illegible]
[illegible]
[illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Madison
City of Redding

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

- DO NOT WRITE IN THIS SPACE

State File No. 110718

RECEIVED
SEP 12 1938

Registration District No. 100Primary Registration District No. 2178Local Registrar's No. 45

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. Rexburg Idaho St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

Female Japanese

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word) Baby5a. If married, widowed, or divorced
HUSBAND or
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug 16 19387. AGE Years Months Days 5 1/2 months forties LESS than
1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Redding Idaho
(State or country)13. NAME Yuzo Hikari14. BIRTHPLACE (city or town) Japan
(State or country)15. MAIDEN NAME Yoshiko Shiomai16. BIRTHPLACE (city or town) Japan
(State or country)17. INFORMANT Louise R. R. R.
(Address) Rexburg Idaho18. BURIAL, CREMATION OR REMOVAL Place Rexburg Date 8-16, 193819. UNDERTAKER none
(Address)20. FILED 9 8, 1938 Mrs. R. E. Young
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/16 193822 I HEREBY CERTIFY That I attended deceased from 8-16-, 1938, to 8-16-, 1938I last saw her alive Stillborn; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

5 1/2 monthy
macerated
foetus

Date of onset

Other contributory causes of importance:

Cause unknown

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Louise R. R. R. M. D.
(Address) Rexburg Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

JRD, N.B.—In case of more than one child at birth state name of each, in order of birth.

WRITE PLAINLY WITH UNFRA. one child at birth a Separate Return.

PLACE OF BIRTH

County of Minidoka
City of Rupert
No. _____ St. _____

AUG 4 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S271059

Registration District No. 19 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2-15 Local Registrar's No. 115

2. FULL NAME OF CHILD Baby Nicholas

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 6</u> 193 <u>8</u> (Month, Day, Year)
-----------------------	---	--	--------------------------------	--

9. Full name FATHER
Albert Fleming Nicholson

10. Residence (usual place of abode)
(If non-resident, give place and State) Rupert

11. Color or race wh 12. Age at last birthday 26 (years)

Birthplace (city or place) Caldwell Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work July 6 1938

17. Total time (years) spent in this work Six

18. Full maiden name MOTHER
Elaine Marie Manifest

19. Residence (usual place of abode)
(If non-resident, give place and State) Rupert

20. Color or race wh 21. Age at last birthday 24 (years)

22. Birthplace (city or place) Shenandoah, Iowa
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

25. Date (month and year) last engaged in this work July 6 1938

26. Total time (years) spent in this work Six

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 2 (b) Born alive but now dead. 0 (c) Stillborn. 1

29. If stillborn, period of gestation { months _____
or weeks _____

30. Cause of Stillbirth Toxemia { During labor _____
Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5 a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of) _____

(Signed) J. M. Kelly, M. D.
or _____, Midwife

Address Rupert

Filed 8-3 1938 J. B. Moore
Registrar. Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Minidoka
City of Rupert

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110719

Registration District No. 19

Primary Registration District No. 2013

Local Registrar's No. 49

(No. _____)

If death occurred in a hospital or institution, give its name instead of street and number

2. FULL NAME Stillborn Nicholas

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓
6. DATE OF BIRTH (month, day, and year) _____
7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min. 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Rupert Ida. (State or country)

13. NAME Albert Fleming Nicholas

14. BIRTHPLACE (city or town) Caldwell Ida. (State or country)

15. MAIDEN NAME Elaine Maure Manifold

16. BIRTHPLACE (city or town) Shenandoah Iowa. (State or country)

17. INFORMANT Albert H. Nicholas (Address) Rupert Ida.

18. BURIAL, CREMATION, OR REMOVAL Place Rupert Ida. Date 7-6, 1938

19. UNDERTAKER Redney Goodman (Address) Rupert, Idaho

20. FILED 8-23, 1938 W. E. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 7-6 1938

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938 to July 6, 1938

I last saw Stillborn alive on July 6, 1938; death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Stillborn Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. E. Harrison M. D.

(Address) Rupert, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

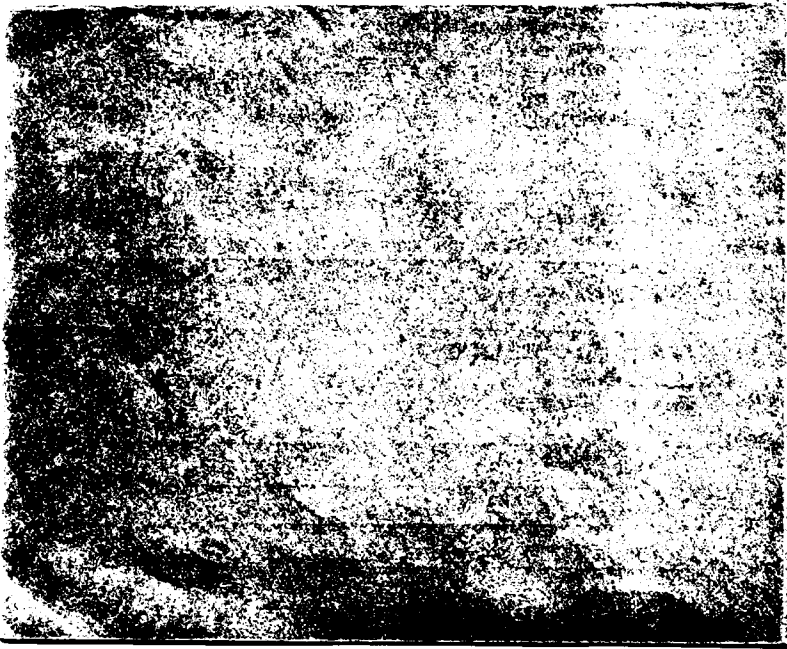
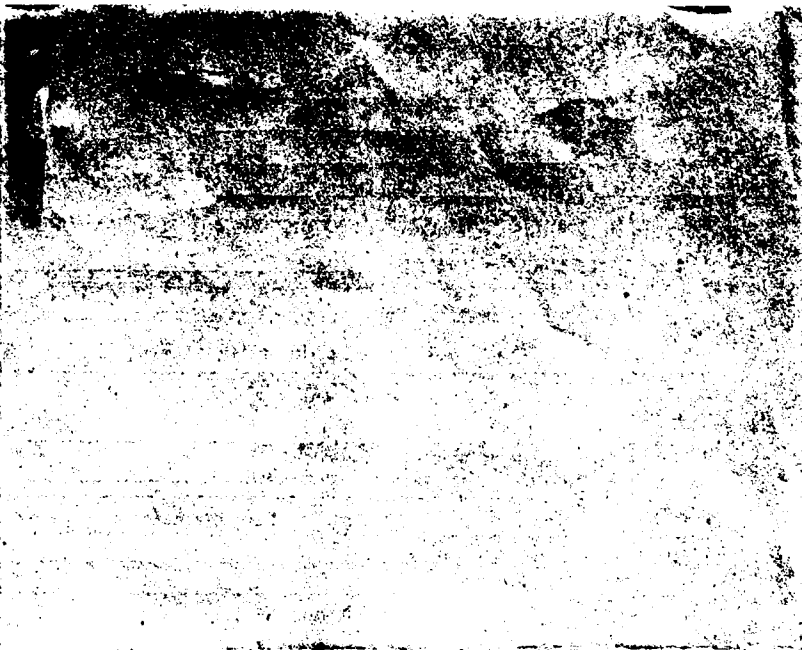
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		271060	
County of <u>Shoshone</u>		City of <u>Wallace</u>		No. <u>Canyon Ave</u> St.		Registration District No. <u>70</u>		State File No. <u>1011</u>		Local Registrar's No. <u>53</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1011</u>		Local Registrar's No. <u>53</u>							
2. FULL NAME OF CHILD <u>Baby Girl Baron (Penny Louise)</u>											
3. Sex <u>P</u>		If plural births <u>4. Twin, triplet, or other</u>		6. Premature <u>Yes</u>		Legiti- mate? <u>Yes</u>		8. Date of birth <u>July 2</u> 193 <u>8</u>		(Month, Day, Year)	
9. Full name <u>Joe Baron</u>		FATHER		18. Full maiden name <u>Segrid Egland</u>		MOTHER					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>									
11. Color or race <u>W</u>		12. Age at last birthday <u>20</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>20</u> (years)					
13. Birthplace (city or place) (State or Country) <u>Wallace Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>									
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>									
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Labourer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>									
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work					
27. What prophylactic was used to prevent Ophthalmia Neonatorum?		28. Number of children of this mother <u>2</u> (At time of this birth and including this child)		(a) Born alive and now living <u>1</u>		(b) Born alive but now dead		(c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>about 6 wks from</u>		30. Cause of Stillbirth		Before labor <u>Yes</u>		During labor					
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4¹⁰</u> m. on the date above stated. (Born <u>Alive</u> or Stillborn)</p> <p>When there was no attending physician or midwife, then the father, householder, etc., should make this return.</p> <p>Give name added from a supplemental report _____ (Date of) _____</p> <p align="right">(Signed) <u>James R. Bean</u>, M. D.</p> <p>or _____, Midwife</p> <p>Address <u>Wallace Idaho</u></p> <p>Filed <u>Sept 9</u> 193<u>8</u> <u>John A. Buer</u> Registrar.</p>											

Registrar.

Registrar.



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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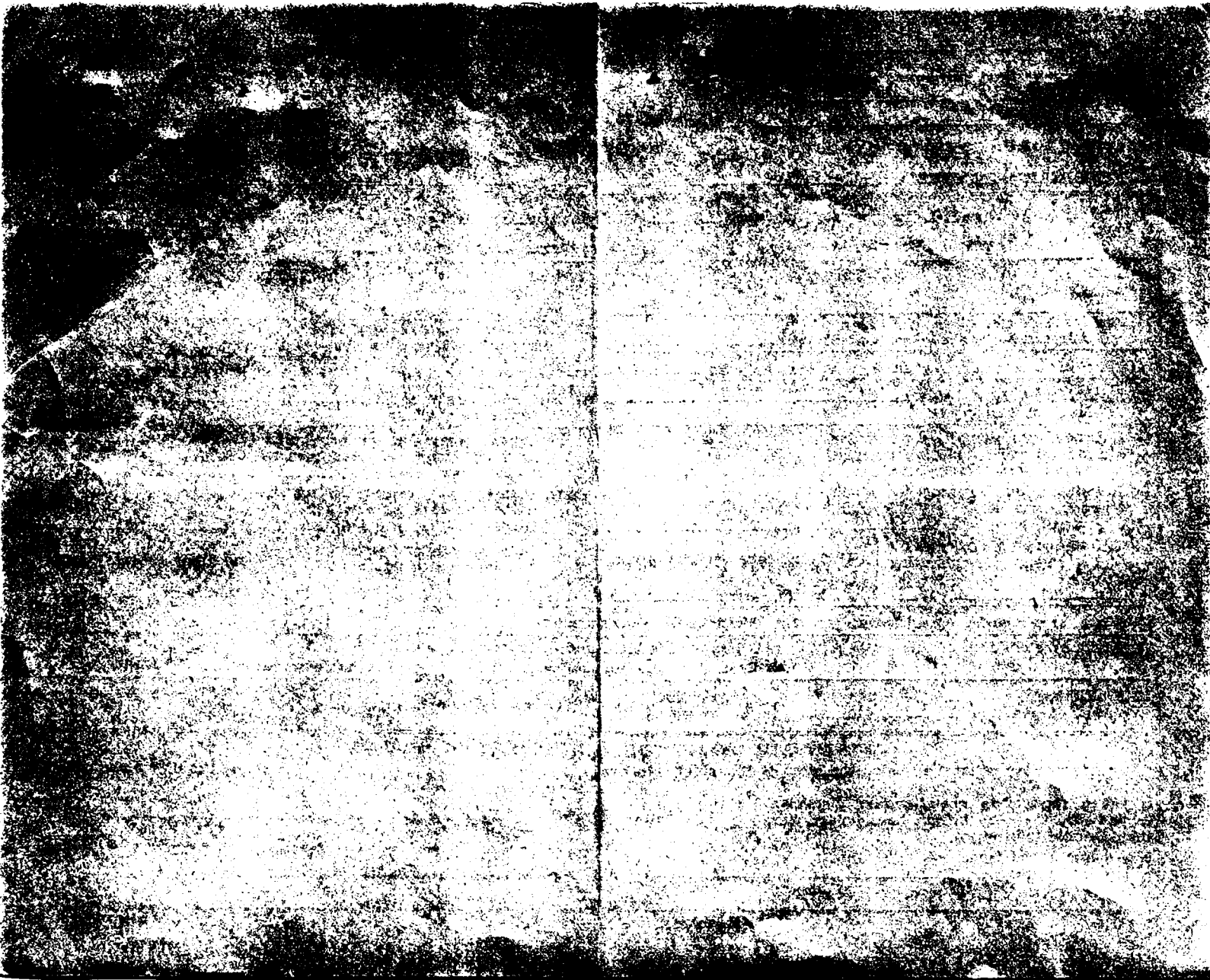
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS	
No. <u>Leamon Ave</u> St.		CERTIFICATE OF BIRTH	
<u>Providence Hospital</u>		Registration District No. <u>70</u>	State File No. <u>S271061</u>
(If born in hospital or institution give name.)		Prim. Registration District No. <u>611</u>	Local Registrar's No. <u>45</u>
2. FULL NAME OF CHILD <u>Baby Boy Peterson (Charles)</u>			
3. Sex <u>M</u>	If plural births { 4. Twin, triplet, or other? _____ 5. Number, in order of birth. _____	6. Premature <u>2</u> Full term <u>who</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Aug. 18 1930</u> (Month, Day, Year)			
9. Full name FATHER <u>August Leroy Peterson</u>		18. Full maiden name MOTHER <u>Violet Munley</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Nevada</u>		22. Birthplace (city or place) (State or Country) <u>Denver Colorado</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Hecla</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Huf</u>
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work <u>3 1/2 yrs</u>		26. Total time (years) spent in this work <u>7 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months _____ or weeks _____		30. Cause of Stillbirth <u>+</u> { During labor _____ Before labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was _____ at <u>6⁰⁹</u> p. m. on the date above stated. (Born <u>Alive</u> Stillborn)			
(Signed) <u>John A. Bower</u> , M. D.			
or _____, Midwife			
Address <u>Wallace, Idaho</u>			
Filed <u>Aug 22 1930</u>			
John A. Bower Registrar.			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 110721Registration District No. 70Primary Registration District No. 1011Local Registrar's No. 26(No. Providence Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Charles Peterson

(a) Residence No. _____

St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 18 - 1938

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Idaho
(State or country)

13. NAME August Peterson

14. BIRTHPLACE (city or town) Nevada
(State or country)

15. MAIDEN NAME Virlet Murley

16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT William Murley
(Address) Wallace Idaho

18. BURIAL, CREMATION OR REBURY
Place Wallace Idaho Date Aug 19, 1938

19. UNDERTAKER John B. Swer
(Address) Wallace Idaho

20. FILED Aug 19, 1938 John B. Swer
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year) Aug 18, 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

Steel Burn
Injunct Glacental

Date of onset

?
!

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Edith S. Sudd, M. D.(Address Wallace, Idaho)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Lewis & Clark</u> City of <u>Lewis & Clark</u> No. <u>County General Hospital</u> St. <u></u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS SEP 13 1938 CERTIFICATE OF BIRTH S271062	
2. FULL NAME OF CHILD <u>James Leroy Vittetoe</u>		Registration District No. <u>37</u> State File No. <u></u> Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>525</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>✓</u> 5. Number, in order of birth <u>✓</u>	6. Premature <u>✓</u> Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
9. Full name FATHER <u>Anthony Ellison Vittetoe</u>		8. Date of birth <u>8-22</u> 193 <u>8</u> (Month, Day, Year)	
10. Residence (usual place of abode) (If non-resident give place and State) <u>Mustang, Ida</u>		18. Full maiden name MOTHER <u>Pauline Estelle McEwen</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>29</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Mustang, Ida</u>	
13. Birthplace (city or place) (State or Country) <u>Greenville, Mo</u>		20. Color or race <u>W</u> 21. Age at last birthday <u>29</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	22. Birthplace (city or place) (State or Country) <u>Hamlet, Mo.</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u></u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	16. Date (month and year) last engaged in this work <u>Present, 1938</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
17. Total time (years) spent in this work <u>11 yrs.</u>		25. Date (month and year) last engaged in this work <u>Present, 1938</u>	
26. Total time (years) spent in this work <u>5 yrs.</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver nitrate</u>	
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation { months or weeks	
30. Cause of stillbirth <u>9</u> { Before labor. During labor.			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:25 a.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) J. N. Davis, M. D.

or Leroy L. Latta Midwife

Address Sept. 9 - 1938

Filed Sept. 9 - 1938 Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 110722

Registration District No. 37
Primary Registration District No. 2085
(No. Twin Falls Co. Hosp.)

Local Registrar's No. 158

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Boy Vittetoe - (James Leroy Vittetoe)

(a) Residence No. Murtaugh, Idaho
(Usual place of abode)

St. _____
(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/22/38

7. AGE Years _____ Months _____ Days X If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

13. NAME A. E. Vittetoe

14. BIRTHPLACE (city or town) Queens City
(State or country) Mo.

15. MAIDEN NAME Pauline McEweny

16. BIRTHPLACE (city or town) Novelty
(State or country) Mo.

17. INFORMANT A. E. Vittetoe
(Address) Murtaugh, Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place T. F. Cem. Date 8/23/38, 193__

19. UNDERTAKER White Mortuary Inc.
(Address) Twin Falls, Idaho

20. FILED 8/23/38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/22/38

22 I HEREBY CERTIFY, That I attended deceased from 8/22, 193__, to 8/22, 193__

I last saw him alive on 8/22, 193__ death is said to have occurred on the date stated above, at 11:30AM

The principal cause of death and related causes of importance were as follows:

Stillbirth - Date of onset 8-2-38

(Postmature)

Other contributory causes of importance:

Malposition
Local bacterial infection

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193__

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. D. Davis M. D.

(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and Date of onset
related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Quinn Falls, Ida.</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Quinn Falls Ida.</u>		BUREAU OF VITAL STATISTICS	
No. <u>Suburban Mart. Home</u> St.		CERTIFICATE OF BIRTH S	
Registration District No. <u>37</u>		State File No. <u>271063</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>497</u>	
2. FULL NAME OF CHILD <u>Baby boy Hobbs</u>			
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other	6. Premature
		5. Number, in order of birth	7. Legitimate? <u>mate?</u>
9. Full name <u>Eugene Hobbs</u>		18. Full maiden name <u>Ruby Garrett</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hansen, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hansen, Ida.</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>22</u> (years)		21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Berkeley Springs, Tenn.</u>		22. Birthplace (city or place) (State or Country) <u>Keokuk, Missouri</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>farmer</u>		
	16. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work <u>5</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work <u>1 yr</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum?	
28. Number of children of this mother <u>1</u> (At time of this birth and including this child)			
(a) <u>Born alive and now living</u> (b) <u>Born alive but now dead</u> (c) <u>Stillborn</u>			
29. If stillborn, period of gestation <u>9 Months</u>		30. Cause of Stillbirth <u>Cord 3 times around neck</u>	
{ months or weeks		{ During labor or Before labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7:15</u> m. on the date above stated.			
(Signed) <u>H. C. Lamb</u> M. D.			
or <u>Loren Liddle, Ida.</u> Midwife			
Address <u>Quinn Falls, Ida.</u>			
Filed <u>9-6</u> , 193 <u>8</u>			
Registrar. <u>J. H. H. H.</u>			

CERTIFICATE OF STATE

State of _____
 County of _____
 I, _____, Clerk of the Court, do hereby certify that _____

_____ was born on _____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

CERTIFICATE OF STATE

State of _____
 County of _____
 I, _____, Clerk of the Court, do hereby certify that _____

_____ was born on _____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

_____ the _____ day of _____ 19____

_____ at _____

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37

Primary Registration District No. 2085

(No. Suburban Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Eugene Hobbs

(a) Residence No. Hansen Idaho
(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-29-38

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho

13. NAME Eugene Hobbs

14. BIRTHPLACE (city or town) Beersheba
(State or country) Tennessee

15. MAIDEN NAME Ruby Garrett

16. BIRTHPLACE (city or town) Nevada
(State or country) Missouri

17. INFORMANT Eugene Hobbs
(Address) Hansen Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Twin Falls Idaho Date 8-30, 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9-7-38

DO NOT WRITE IN THIS SPACE

State File No. 110723

Local Registrar's No. 160

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8-29-38

22 I HEREBY CERTIFY, That I attended deceased from

Aug 24 1938 to Aug 29 1938

I last saw him on Aug 29 1938: death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

still born
cord 3 times around
the neck

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 1938

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) H. C. Smith, M. D.

(Address) Twin Falls Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

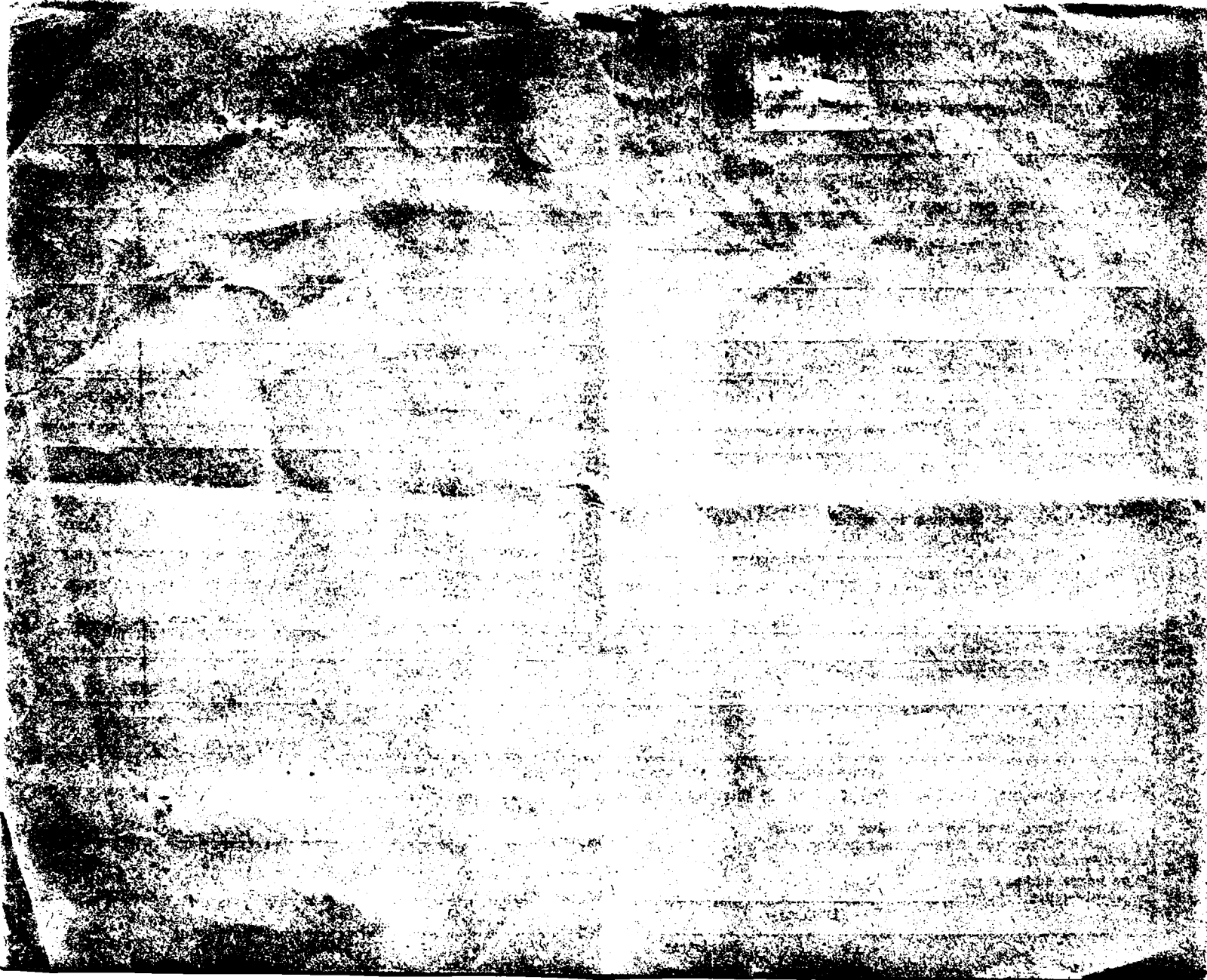
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Adair</u> City of <u>Bow</u> No. <u>St. Luke</u> St.		RECEIVED OCT 10 1938		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 272232	
(If born in hospital or institution give name.)		Registration District No. <u>2</u>		State File No. <u>1004</u>		Local Registrar's No. <u>730</u>	
2. FULL NAME OF CHILD <u>Baby Becks (not named)</u>							
3. Sex <u>F</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>✓</u>		7. Legitimate? <u>yes.</u>	
				Full term _____		8. Date of birth <u>8/30</u> 193 <u>8</u> (Month, Day, Year)	
9. Full name FATHER <u>Eugene Harold Eccles</u>				18. Full maiden name MOTHER <u>Melba Eve Welton</u>			
10. Residence (usual place of abode) <u>1105 Pueblo</u> (If non-resident, give place and State)				19. Residence (usual place of abode) <u>same</u> (If non-resident, give place and State)			
11. Color or race <u>W</u>				20. Color or race <u>W</u>			
12. Age at last birthday <u>32</u> (years)				21. Age at last birthday <u>32</u> (years)			
13. Birthplace (city or place) <u>Stanton</u> (State or Country) <u>Illinois</u>				22. Birthplace (city or place) <u>Wallace</u> (State or Country) <u>Idaho</u>			
OCCUPATION		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laboratory Technician</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Self</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
		16. Date (month and year) last engaged in this work <u>At present, 19</u>				25. Date (month and year) last engaged in this work <u>At present, 19</u>	
		17. Total time (years) spent in this work <u>2 yrs.</u>				26. Total time (years) spent in this work <u>3 1/2 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) <u>1</u> (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>6 mo.</u> { months or weeks				30. Cause of stillbirth <u>prematurity</u> Before labor. <u>Indigestion</u> During labor. <u>✓</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>10:25</u> m. on the date above stated. (Born Alive or Stillborn)							
When there was no attending physician or midwife, then the father, householder, etc., should make this return.				(Signed) <u>H. E. Johnson</u> M. D.			
Give name added from a supplemental report _____				or _____ Midwife			
(Date of) _____				Address <u>Bow, Ida</u>			
Registrar. _____				Filed <u>9-27</u> 193 <u>8</u> <u>N. Sharp</u> Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise, Idaho

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 1004

(No. St. Lukes Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Eccles

(a) Residence No. St. Lukes Hosp.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Local Registrar's No. 256

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-30-1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)

MOTHER FATHER 13. NAME Eugene Eccles

14. BIRTHPLACE (city or town) Illinois
(State or country)

15. MAIDEN NAME Melba Wetton

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT Eugene Eccles
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Cloverdale Date 9-2- 1938

19. UNDERTAKER Wm. McBratney
(Address) Boise, Idaho

20. FILED 9-2- 1938 H. Sharp
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 111075

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/30/38

22. I HEREBY CERTIFY, That I attended deceased from 8/30/38, 1938, to 8/30/38, 1938

I last saw h. — alive on — 1938; death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Stillbirth
Prematurity (6 mo.)
Other contributory causes of importance:

Date of onset

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 1938

Where did injury occur? —
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) A. E. Dehman
(Address) Boise, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S 272233**

1. PLACE OF BIRTH
County of Ada
City of Boise
No. St. Lukes Hosp. St.
(If born in hospital or institution give name.)

Registration District No. 2 State File No. 1004
Prim. Registration District No. 1004 Local Registrar's No. 737

2. FULL NAME OF CHILD Maria Eileen Hubert

3. Sex 7 If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓ 6. Premature ✓ Full term yes 7. Legitimate? yes 8. Date of birth Sept 5, 1938 (Month, Day, Year)

9. Full name FATHER Earl F. Hubert
10. Residence (usual place of abode) (If non-resident, give place and State) 1123 Ross St.
11. Color or race W. 12. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) California

18. Full maiden name MOTHER Dorothy Turner
19. Residence (usual place of abode) (If non-resident, give place and State) 1123 Ross St.
20. Color or race W. 21. Age at last birthday 18 (years)
22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mechanic
16. Date (month and year) last engaged in this work
17. Total time (years) spent in this work

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Hw.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother 0 (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ✓ (c) Stillborn yes
29. If stillborn, period of gestation 9 months { months or weeks
30. Cause of stillbirth cord knotted neck Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at A m. on the date above stated.
(Born Alive or Stillborn)

(Signed) A. J. Coats, M. D.
or Boise, Idaho, Midwife
Address 7-28
Filed 1938 V. Sharp Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)

Registrar.

MAR 23 2007

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
Ada
County of
City of Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.
Primary Registration District No.
(No. St. Lukes Hospital)

DO NOT WRITE IN THIS SPACE

State File No. 111076

Local Registrar's No. 260

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Hubert

(a) Residence No. 1123 Rossi Street St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.
no no no

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise
(State or country) Idaho

13. NAME Earl Frederick Hubert

14. BIRTHPLACE (city or town) Boise
(State or country) Idaho

15. MAIDEN NAME Dorothy Turner

16. BIRTHPLACE (city or town) California
(State or country)

17. INFORMANT Earl Frederick Hubert
(Address) 1123 Rossi Street, Boise Idaho

18. BURIAL, CREMATION OR REMOVAL Place Cloverdale Date Sept. 6., 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED 9-7, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH. Sept.

21. DATE OF DEATH (month, day and year) 5 1938

22 I HEREBY CERTIFY, That I attended deceased from

I last saw her alive on 1938 death is said

have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Breech presentation

Other contributory causes of importance: 2

Prolonged labor

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) A. J. Coats, M. D.

(Address) Boise

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bannock</u> City of <u>Pocatello</u> No. <u>101 South Johnson</u> St. <u>Pocatello General Hospital</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>272234</u> Registration District No. <u>36</u> State File No. <u>532</u> Prim. Registration District No. <u>532</u> Local Registrar's No. <u>532</u>	
2. FULL NAME OF CHILD <u>Carelyn Jean</u> Perkins			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>
9. Full name <u>FATHER</u> <u>James Basil Perkins</u>		18. Full maiden name <u>MOTHER</u> <u>Elizabeth Ann Sims</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>820 N. Main</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>820 N. Main</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>25</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Riverside, Kentucky</u>		22. Birthplace (city or place) (State or Country) <u>Pocatello, Idaho</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Pocatello Mill & Elevator</u> 16. Date (month and year) last engaged in this work <u>at present</u> , 19 <u>38</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u> 25. Date (month and year) last engaged in this work <u>19</u>		
	17. Total time (years) spent in this work <u>3 1/2 months</u>		
	26. Total time (years) spent in this work <u>one year</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Argyrol 20%</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>One</u> (a) Born alive and now living <u>None</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>one</u>			
29. If stillborn, period of gestation <u>Full Term</u> { months or weeks		30. Cause of Stillbirth <u>Labor</u> { During labor <u>Yes</u> Before labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 8:58 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

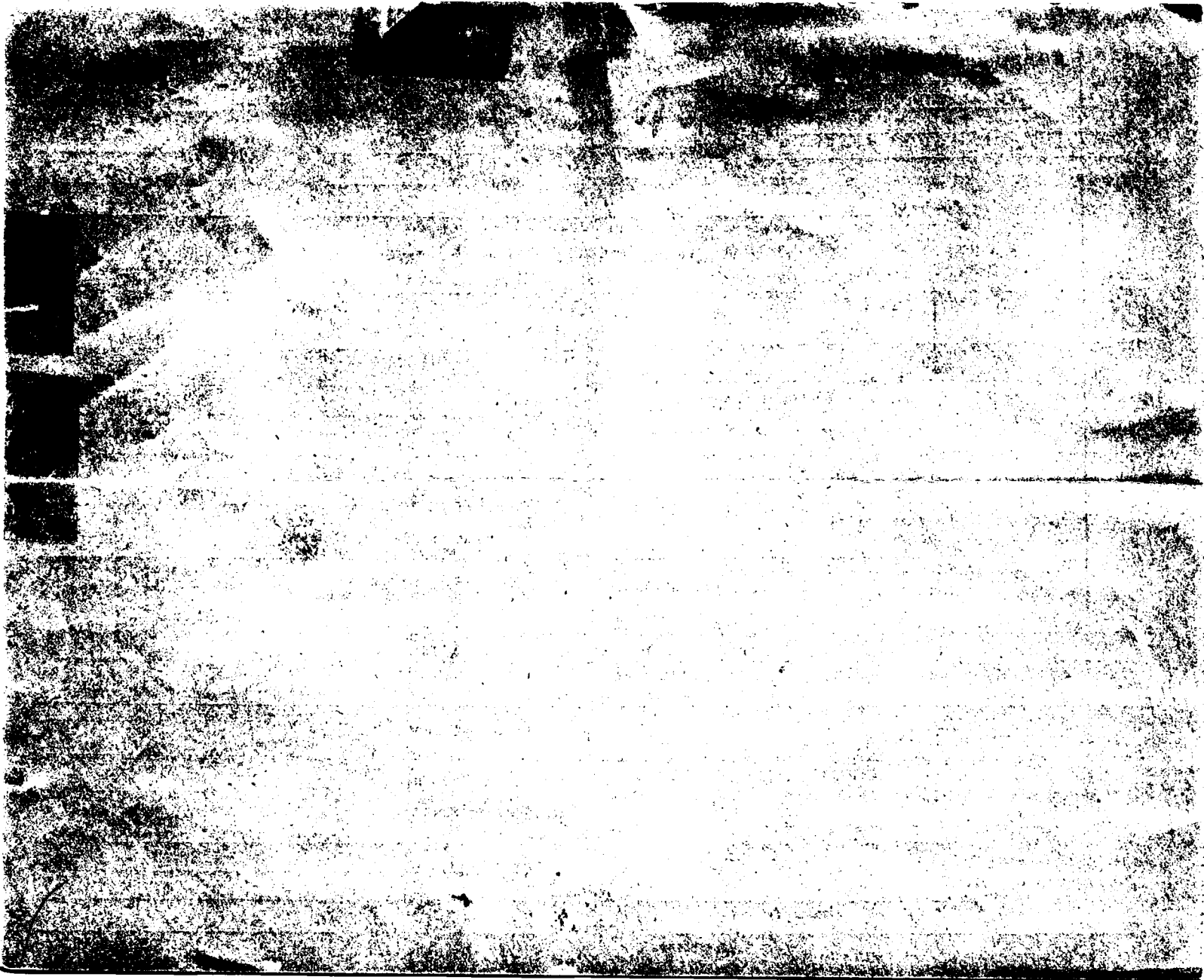
(Signed) J. J. [Signature], M. D.

or [Signature], Midwife

Address Pocatello, Idaho

Filed 10-5, 1938 D. C. Ray

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Bannock</u>		CERTIFICATE OF DEATH Registration District No. <u>28</u> Primary Registration District No. <u>2161</u> (No. <u>Pocatello General Hospital</u>) (If death occurred in a hospital or institution, give its name instead of street and number)		State File No. <u>111077</u>		Local Registrar's No. <u>190</u> <u>215</u>	
City of <u>Pocatello</u>							
2. FULL NAME <u>Carolyn Jean Perkins</u> (a) Residence No. <u>820 1/2</u> <u>North Main St.</u> <u>Pocatello, Idaho.</u> (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS.							
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of							
6. DATE OF BIRTH (month <u>September</u> year) <u>27, 1938.</u>							
7. AGE		Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day ____ hrs. or ____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				<u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				<u>Infant</u>		
	10. Date deceased last worked at this occupation (mo. and yr.)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Pocatello,</u> (State or country) <u>Idaho.</u>							
MOTHER FATHER	13. NAME <u>James B. Perkins</u>						
	14. BIRTHPLACE (city or town) <u>Riverside,</u> (State or country) <u>Kentucky.</u>						
	15. MAIDEN NAME <u>Elizabeth Ann Sims</u>						
16. BIRTHPLACE (city or town) <u>Pocatello,</u> (State or country) <u>Idaho.</u>							
17. INFORMANT <u>James B. Perkins</u> (Address) <u>Pocatello, Idaho.</u>							
18. BURIAL, CREMATION OR REMOVAL <u>Pocatello, Idaho.</u> Date <u>Sept. 29, 1938.</u>							
19. UNDERTAKER <u>Arthur W. Hall Mortuary</u> (Address) <u>Pocatello, Idaho.</u>							
20. FILE <u>Sept. 28, 1938.</u> <u>J. C. Ray</u> Registrar							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month <u>September</u> <u>27, 1938.</u>							
22 I HEREBY CERTIFY, That I attended deceased from <u>9-27</u> , 193 <u>8</u> , to <u>9-27</u> , 193 <u>8</u> .							
I last saw <u>her</u> alive on <u>9-27</u> , 193 <u>8</u> ; death is said to have occurred on the date stated above, at <u>8:55</u> a.m.							
The principal cause of death and related causes of importance were as follows: <u>Still born -</u>							
Other contributory causes of importance: <u>Breech delivery</u>							
Name of operation <u>ru</u> Date of <u>—</u>							
What test confirmed diagnosis? <u>—</u> Was there an autopsy? <u>—</u>							
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 193 <u>—</u> .							
Where did injury occur? <u>—</u> (Specify city or town, county, and state)							
Specify whether injury occurred in industry, in home, or in public place <u>—</u>							
Manner of injury <u>—</u>							
Nature of injury <u>—</u>							
24 Was disease or injury in any way related to occupation of deceased? <u>yes</u> If so specify <u>—</u>							
(Signed) <u>J. C. Ray</u> M. D. (Address) <u>Pocatello, Idaho.</u>							

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Bonneville</u>	DEPARTMENT OF PUBLIC WELFARE		S
City of <u>Idaho</u>	BUREAU OF VITAL STATISTICS		
No. <u>L. S. S. Hospital</u>	CERTIFICATE OF BIRTH		272235
(If born in hospital or institution give name.)		Registration District No. <u>73</u>	State File No. <u>621</u>
2. FULL NAME OF CHILD		Prim. Registration District No. <u>2110</u>	Local Registrar's No. <u>621</u>
<u>Still birth</u>			
3. Sex <u>boy</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature <u>2 mo.</u> 7. Legiti- Full term _____ mate? <u>yes</u>	8. Date of birth <u>9-11</u> 19 <u>38</u> (Month, Day, Year)
9. Full name <u>James William Davies</u>	FATHER		18. Full maiden name <u>Mary Balmforth</u>
10. Residence (usual place of abode) <u>Rt. 4 Idaho Falls</u> (If non-resident, give place and State)	11. Color or race <u>W.</u> 12. Age at last birthday <u>23</u> (years)		19. Residence (usual place of abode) <u>Idaho Falls Idaho</u> (If non-resident, give place and State)
13. Birthplace (city or place) <u>Salina Idaho</u> (State or Country)	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		20. Color or race <u>white</u> 21. Age at last birthday <u>23</u> (years)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own Farm</u>	16. Date (month and year) last engaged in this work <u>Sept.</u> 19 <u>38</u>		22. Birthplace (city or place) <u>Salt Lake City, Utah</u> (State or Country)
17. Total time (years) spent in this work <u>Life</u>	18. Full maiden name <u>Mary Balmforth</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Own house</u>
19. Date (month and year) last engaged in this work <u>September</u> 19 <u>38</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		25. Date (month and year) last engaged in this work <u>September</u> 19 <u>38</u>
26. Total time (years) spent in this work <u>3 yrs.</u>	27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Balsarginum 2.0%</u>		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>
29. If stillborn, period of gestation _____ months or weeks	30. Cause of Stillbirth _____		During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 5:35 Pm. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

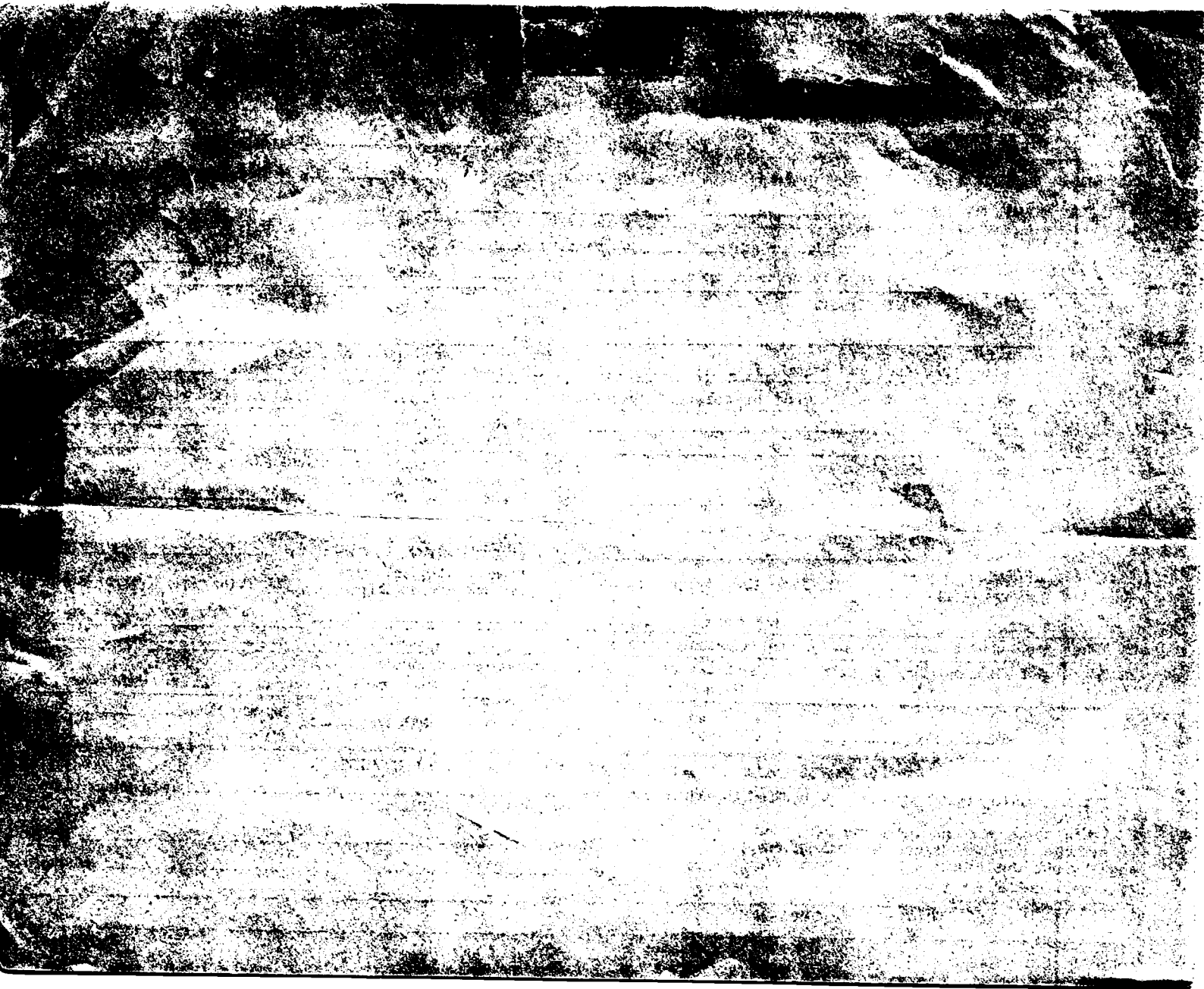
Registrar.

(Signed) H. Lloyd Scheris, M. D.

or _____, Midwife

Address Idaho Falls Idaho

Filed Sept 12, 1938 W. J. Scheris Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Bonneville
City of Shoshone Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111078Registration District No. 3Primary Registration District No. 215-DLocal Registrar's No. 202

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Davies(a) Residence. No. 174 Idaho Falls St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant6. DATE OF BIRTH (month, day, and year) Sept 12, 1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Shoshone Falls Idaho
(State or country) Bonneville County13. NAME James Davies14. BIRTHPLACE (city or town) Utah
(State or country)15. MAIDEN NAME Mary Beal Smith16. BIRTHPLACE (city or town) Idaho
(State or country)17. INFORMANT James Davies
(Address)18. BURIAL, CREMATION OR REMOVAL
Place Shoshone Falls Idaho Date 9-12-193819. UNDERTAKER Shoshone Falls Idaho
(Address)20. FILED Sept 14, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 12 193822. I HEREBY CERTIFY, That I attended deceased from Sept 12 1938 to Sept 12 1938I last saw h. Stillborn, 1938: death is saidto have occurred on the date stated above, at 3:35 p. m.
The principal cause of death and related causes of importance were as follows:StillbornDate of onset
Sept 12/38

Other contributory causes of importance:

Infected at birth (6 1/2 mo) Aug 22/38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) A. Lloyd Schreiner M. D.(Address) Shoshone Falls Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of anyon
City of Nampa
No. 1006

OCT 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S 272236**

(If born in hospital or institution give name.)
Registration District No. 7 State File No. _____
Prim. Registration District No. 1006 Local Registrar's No. 359

2. FULL NAME OF CHILD tieborn Wilson

3. Sex male If plural { 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 6. Premature ✓ 7. Legiti- mate? yes 8. Date of birth 4-23, 1938 (Month, Day, Year)

9. Full name Glenn Wilson FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa 212-1070
11. Color or race W 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Brokerman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19 _____

18. Full maiden name Ethel Fuller MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa 212-1070
20. Color or race W 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Idaho

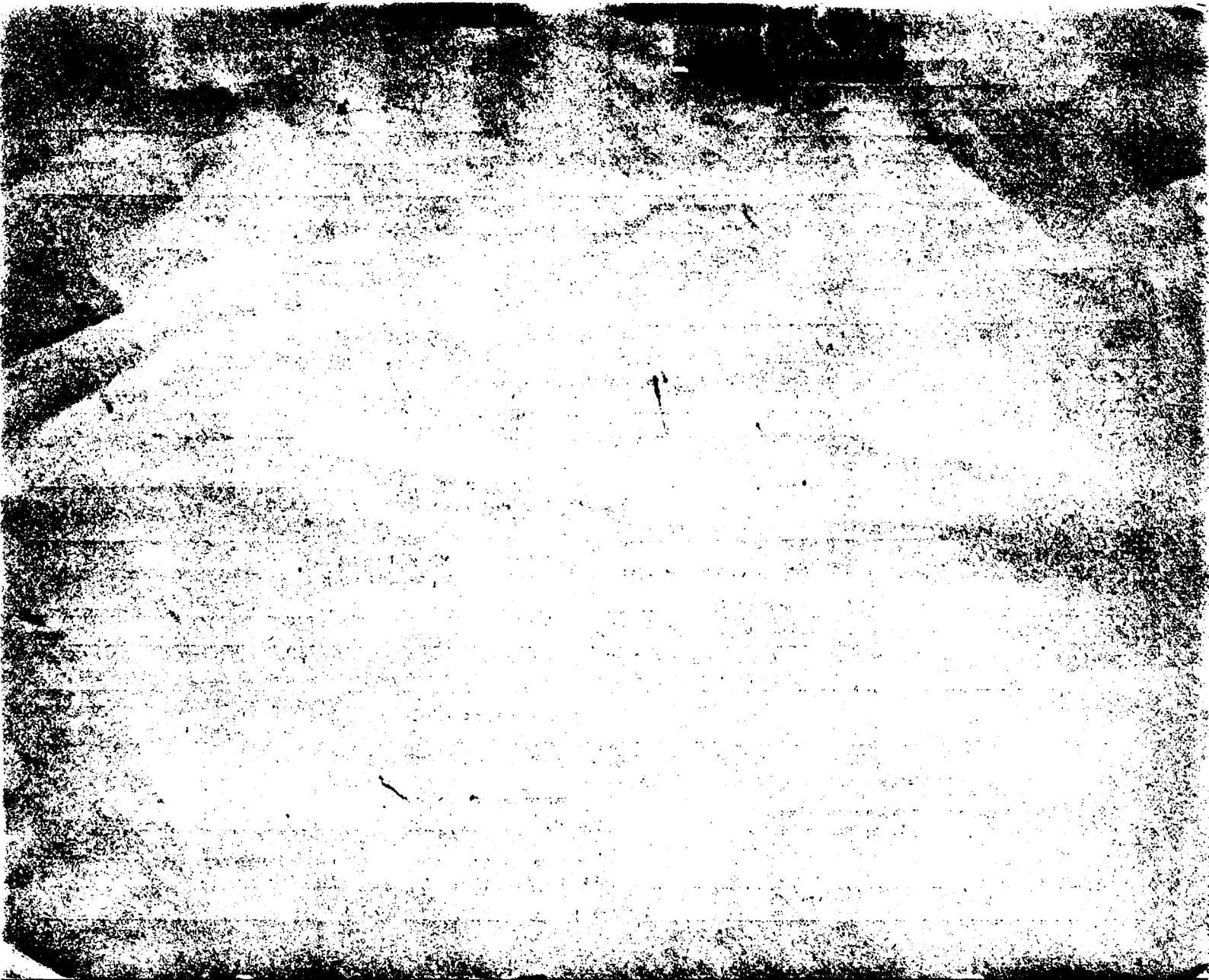
OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19 _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn 2
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born ~~Alive~~ or Stillborn)
(Signed) Frank Bullock, M. D.
or _____, Midwife
Address Nampa, Idaho
Filed Oct 6, 1938 L. da Rodgers
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CanyonCity of NampaSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

111075

State File No.

OCT 8 - 1938

Registration District No. 7Primary Registration District No. 1006Local Registrar's No. 156

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Wilson(a) Residence. No. 212 18th ave N. St.

(Usual place of abode)

(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Apr. 23 19387. AGE Years Months Days If LESS than 1 day, ... hrs. or ... min.
Steelborn8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Nampa
(State or country) Idaho13. NAME Glen R. Wilson14. BIRTHPLACE (city or town) Marshalltown
(State or country) Iowa15. MAIDEN NAME Kathel Fuller16. BIRTHPLACE (city or town) Baldwell
(State or country) Idaho17. INFORMANT Glen R. Wilson
(Address) Nampa Idaho18. BURIAL, CREMATION OR REMOVAL
Canyon Hill Cemetery Apr. 24 1938
at Caldwell Idaho19. UNDERTAKER J. L. Case
(Address) Baldwell Idaho20. FILED Oct. 6, 1938 L. J. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Apr 23 193822. WHEREBY CERTIFY, That I attended deceased from Apr 23, 1938, to Apr 23, 1938.I last saw him alive on Apr 23, 1938; death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:Still born.
Breathed before birth & drowned.
Other contributory causes of importance:
No heart beat or breathing.Name of operation No Date ofWhat test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 1938.Where did injury occur?
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or in public place.Manner of injuryNature of injury24. Was disease or injury in any way related to occupation of deceased? If so, specify(Signed) M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Camden</u> City of <u>Nampa</u> No. <u>Samuelson</u> St. <u>Hospital</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Stillborn</u>		
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>Twin</u> 5. Number, in order of birth <u>1st</u>	6. Premature <u>Yes</u> Full term <u>No</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Aug. 20</u> , 193 <u>5</u> (Month, Day, Year)
9. Full name <u>William Charles Kilburn</u>		18. Full maiden name <u>Nellie Margaret Hagler</u>		
10. Residence (usual place of abode, (If non-resident, give place and State) <u>Nampa, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>34</u> (years)		20. Color or race <u>White</u>
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		21. Age at last birthday <u>19</u> (years)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Perfection Milk</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Hauler</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
16. Date (month and year) last engaged in this work <u>Aug. 1935</u>		17. Total time (years) spent in this work <u>3 yrs.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work <u>Aug. 1935</u>		26. Total time (years) spent in this work <u>3 yrs.</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead (c) Stillborn <u>three</u>				
29. If stillborn, period of gestation <u>6 1/2 to 7 months</u>		30. Cause of stillbirth Before labor During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 6 20 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) W. C. M. S. M. D., M. D.

or _____, Midwife

Address Nampa, Idaho

Filed _____, 1935

Registrar.

OCT 29 1992

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Blaine</u>	City of <u>Naupaka</u>	<div style="text-align: right;">DO NOT WRITE IN THIS SPACE</div> <div style="text-align: center; font-size: 24pt;">111080</div> <div style="text-align: right;">State File No. _____</div>					
Registration District No. <u>7</u>		Primary Registration District No. <u>1006</u>		Local Registrar's No. <u>143</u>			
(No. <u>Damaritan Hoop</u>)							
(If death occurred in a hospital or institution, give its name instead of street and number)							
2. FULL NAME <u>Mr. named</u> 215							
(a) Residence No. <u>624-11 av. - N</u>				St. _____			
(Usual place of abode)				(If nonresident give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS							
8. SEX <u>Male</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>(Twins)</u>					
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____							
6. DATE OF BIRTH (month, day, and year) <u>8/21/1938</u>							
7. AGE	Years	Months	Days	If LESS than 1 day _____ hrs. or _____ min.			
<u>Premature Birth</u>							
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (mo. and yr.)				11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) <u>Naupaka</u> (State or country) <u>Idaho</u>							
13. NAME <u>Wm. C. Ketchum</u>							
14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Iowa</u>							
15. MAIDEN NAME <u>Nellie Margaret Hagler</u>							
16. BIRTHPLACE (city or town) <u>Cooper</u> (State or country) <u>Idaho</u>							
17. INFORMANT <u>Wm. C. Ketchum</u> (Address) <u>Naupaka Idaho</u>							
18. BURIAL, CREMATION OR REMOVAL Place <u>Naupaka</u> Date <u>9-22</u> , 193 <u>8</u>							
19. UNDERTAKER <u>F. K. Roberts</u> (Address) <u>Naupaka Idaho</u>							
20. FILED <u>Oct. 3</u> , 193 <u>8</u> <u>Lyla Rodgers</u> Registrar.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day and year) <u>8/21</u> , 193 <u>8</u>							
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>8</u> , to _____, 193 <u>8</u> .							
I last saw h. _____ alive on _____, 193 <u>8</u> ; death is said to have occurred on the date stated above, at _____ m.							
The principal cause of death and related causes of importance were as follows: <u>Still Born</u> <u>Caused unknown</u> <u>He to 7 Mo. Prepart</u>							
Other contributory causes of importance: _____							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>8</u> .							
Where did injury occur? _____ (Specify city or town, county, and state)							
Specify whether injury occurred in industry, in home, or in public place _____							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____							
(Signed) <u>W. C. Ketchum</u> M. D. (Address) <u>Naupaka Idaho</u>							

JUL 11 1978

UNITED STATES STANDARD CERTIFICATE OF DEATH

NOV 3 1992

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa, Idaho
No. Samatan St.
Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other twins 6. Premature yes 7. Legitimate? yes 8. Date of birth Aug 20, 1938
5. Number, in order of birth 2nd Full term no (Month, Day, Year)

9. Full name FATHER William Charles Kitchen

10. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

11. Color or race White 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Aug. 1938 17. Total time (years) spent in this work 3 yrs.

18. Full maiden name MOTHER Willie Margaret Hagler

19. Residence (usual place of abode) (If non-resident, give place and State) Nampa Idaho

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work Aug. 1938 26. Total time (years) spent in this work 3 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living. 1 (b) Born alive but now dead (c) Stillborn two

29. If stillborn, period of gestation 6 1/2 to 7 mo. { months or weeks 30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 8:23 p.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) W. C. Williams, M. D.

or

Address Nampa Idaho

Filed Oct. 5, 1938 Lyda Rodgers

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 272238

Registration District No. 7 State-File No.

Prim. Registration District No. 1006 Local Registrar's No. 339

Stillborn

OCT 29 1992

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Conyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
111081
State File No. _____

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 144

(No. Damascus Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. 624-11 am N St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8/24/38

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Premature Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa
(State or country) Ida

13. NAME Arn C. Ketchum

14. BIRTHPLACE (city or town) Iowa
(State or country)

15. MAIDEN NAME Nellie Margaret Hagler

16. BIRTHPLACE (city or town) Modesto Mo.
(State or country)

17. INFORMANT Arn C. Ketchum
(Address) Nampa Ida

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Date 8/22, 1938

19. UNDERTAKER F. K. Robinson
(Address) Nampa Ida

20. FILED Oct 3, 1938 Ryda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 8/21/1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h. _____ alive on _____, 193____; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

still Born
Cause unknown
6-7 hrs. before
Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. C. Holt M. D.
(Address) Nampa Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

JUL 11 1922

NOV 3 1922

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

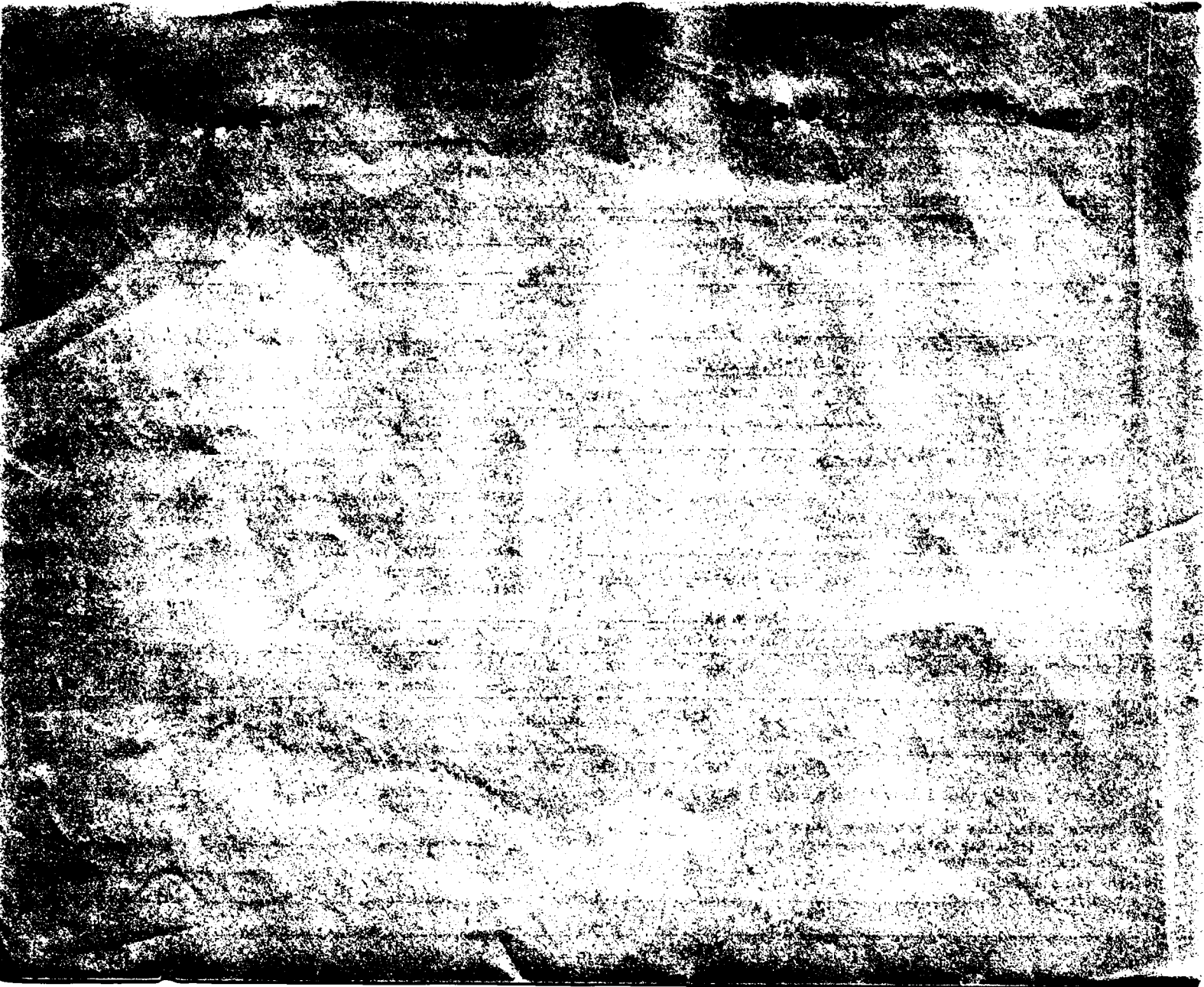
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Canyon</u>		CERTIFICATE OF BIRTH S 272239	
City of <u>Baldwell, Idaho</u>		Registration District No. <u>1</u> State File No. <u>205</u>	
No. <u>1</u> St. <u>1</u>		Local Registrar's No. <u>262</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>205</u>	
2. FULL NAME OF CHILD <u>Jimmie E. Cunningham (Stillborn)</u>			
3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>✓</u>	7. Legitimate? <u>✓</u>
8. Date of birth <u>Sept 1, 1938</u> (Month, Day, Year)			
9. Full name <u>Norman</u> FATHER <u>Norman E. Cunningham</u>		18. Full maiden name <u>Faye Elizabeth Locke</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wilder R#1</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wilder R#1</u>	
11. Color or race <u>W</u>		20. Color or race <u>W</u>	
12. Age at last birthday <u>24</u> (years)		21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Sabetha, Kansas</u>		22. Birthplace (city or place) (State or Country) <u>Marysville, Kansas</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
	16. Date (month and year) last engaged in this work _____		
17. Total time (years) spent in this work <u>24</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
18. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
19. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____	
20. Total time (years) spent in this work <u>21</u>		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>7 1/2 months</u> { months or weeks		30. Cause of stillbirth <u>marriage during labor</u> <u>Separation of placenta</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8 a</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>C. R. Whittenberger</u> M. D.	
Give name added from a supplemental report _____		or _____ Midwife	
(Date of) _____		Address <u>Baldwell, Idaho</u>	
Registrar. _____		Filed <u>9-2</u> , 193 <u>8</u> <u>C. R. Whittenberger</u> Registrar.	



MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Caldwell Idaho

RECEIVED

OCT 7 - 1938

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2005

Primary Registration District No. 2005

DO NOT WRITE IN THIS SPACE

111082

State File No. 102

Local Registrar's No. 215

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Jimmie E. Cunningham (Stillborn)

(a) Residence No. Wilder #1

(Usual place of abode)

St.

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 0

6. DATE OF BIRTH (month, day, and year) Sept. 1, 1938

7. AGE Years Months Days If LESS than 1 day, 8 hrs. or 8 min. 0 0 0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (mo. and yr.) 0 0 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Caldwell, Idaho

13. NAME Norman E. Cunningham

14. BIRTHPLACE (city or town) (State or country) Sabetha, Kansas

15. MAIDEN NAME Faye Elizabeth Locke

16. BIRTHPLACE (city or town) (State or country) Marysville, Kansas

17. INFORMANT P. C. R. Whiteberger

18. BURIAL, CREMATION OR REMOVAL Chapel Cunningham, Sept 1 1938

19. UNDERTAKER Norman E. Cunningham

20. FILED 9-2, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 1, 1938.

I last saw him alive on Sept 1, 1938. Death is said to have occurred on the date stated above, at 0 m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Premature 7 1/2 months

Other contributory causes of importance:

Detachment of placenta

Due to hemorrhage between placenta and uterine wall

Name of operation none Date of 0

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 1938.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so specify

(Signed) P. C. R. Whiteberger

(Address) Caldwell, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Nampa</u> No. <u>311 Maple St</u> St. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Nadine Erickson</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. <u>7</u> State File No. <u>272340</u> Prim. Registration District No. <u>1006</u> Local Registrar's No. <u>323</u>	
3. Sex <u>female</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u> 7. Legiti- mate? <u>yes</u> 8. Date of birth <u>Sept 4, 1938</u> (Month, Day, Year)		
9. Full name FATHER <u>Ray Ivan Erickson</u> 10. Residence (usual place of abode) (If non-resident, give place and State) <u>311 Maple</u> 11. Color or race <u>W</u> 12. Age at last birthday <u>26</u> (years) 13. Birthplace (city or place) (State or Country) <u>Utah</u>		18. Full maiden name MOTHER <u>La Orel Carter</u> 19. Residence (usual place of abode) (If non-resident, give place and State) <u>311 Maple St</u> 20. Color or race <u>W</u> 21. Age at last birthday <u>26</u> (years) 22. Birthplace (city or place) (State or Country) <u>Alberta, Canada</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no silver</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth <u>13</u> { During labor. Before labor.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00 am. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Samuel A Swartz, M. D.

or _____, Midwife

Address Nampa Idaho

Filed Oct-4, 1938 Lyda Rodgers

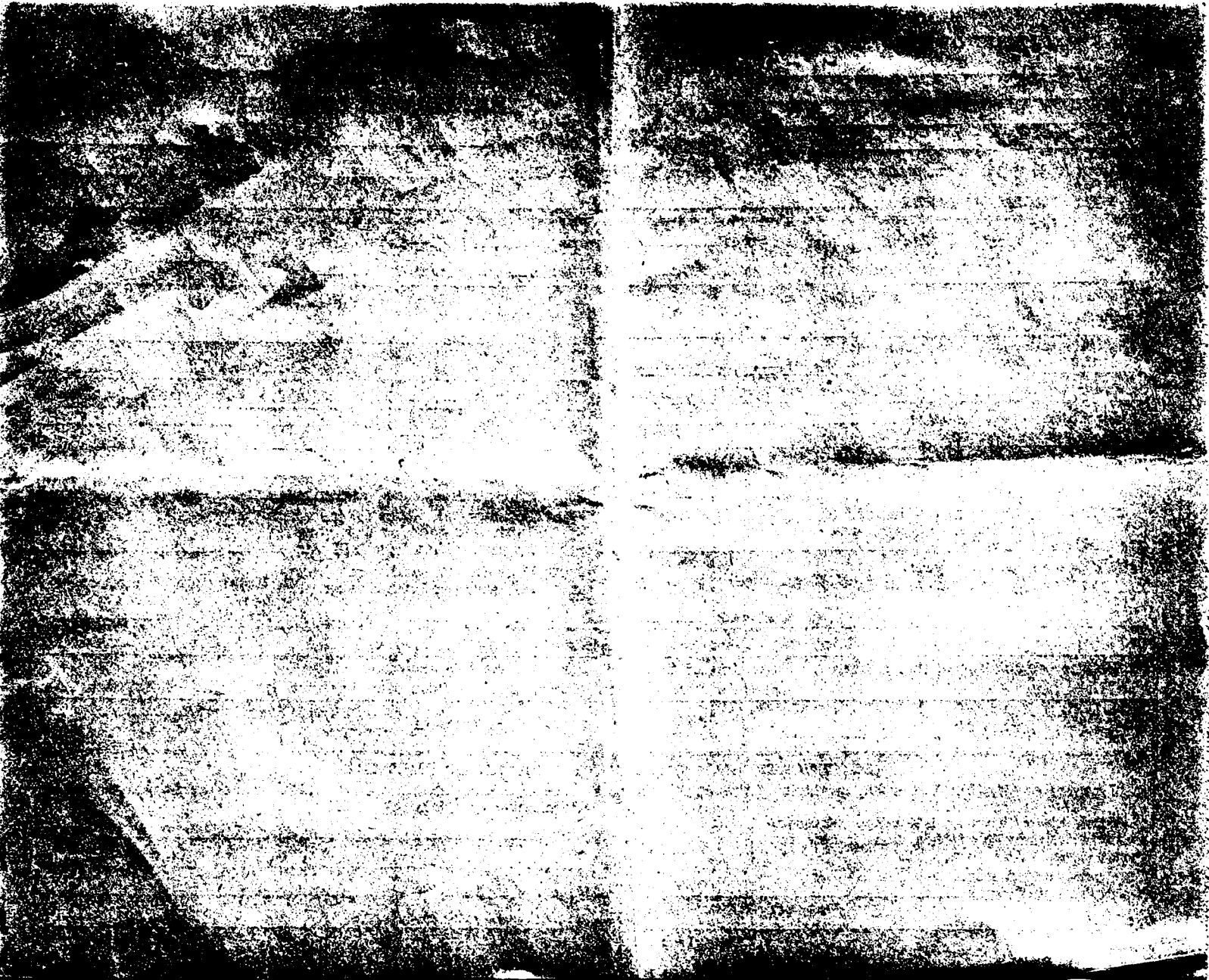
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

MARGIN RESERVED FOR BINDING

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006
(No. 311 Maple St.)

DO NOT WRITE IN THIS SPACE
State File No. 111083

Local Registrar's No. 147

2. FULL NAME

(a) Residence No. 311 Maple

(Usual place of abode)

St. Nampa Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 4 - 1928

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Ida.
(State or country)

13. NAME Ray J. Erickson

14. BIRTHPLACE (city or town) Mt. Pleasant Utah,
(State or country)

15. MAIDEN NAME LaPrele Carter

16. BIRTHPLACE (city or town) Alberta Canada.
(State or country)

17. INFORMANT Ray J. Erickson
(Address)

18. BURIAL, CREMATION OR REMOVAL Place Funerary Home Date Sept 4, 1938

19. UNDERTAKER Wm D. Talley
(Address) Nampa Idaho

20. FILED Oct. 3, 1938 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/4 1938

22 I HEREBY CERTIFY, That I attended deceased from

9-4-, 1938, to 9-4-, 1938

I last saw h. Born Dead 1938: death is said

to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

Born Dead
from
Hydrocephalus
(conformation)

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel A. Swaine M. D.
(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset
1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset
1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

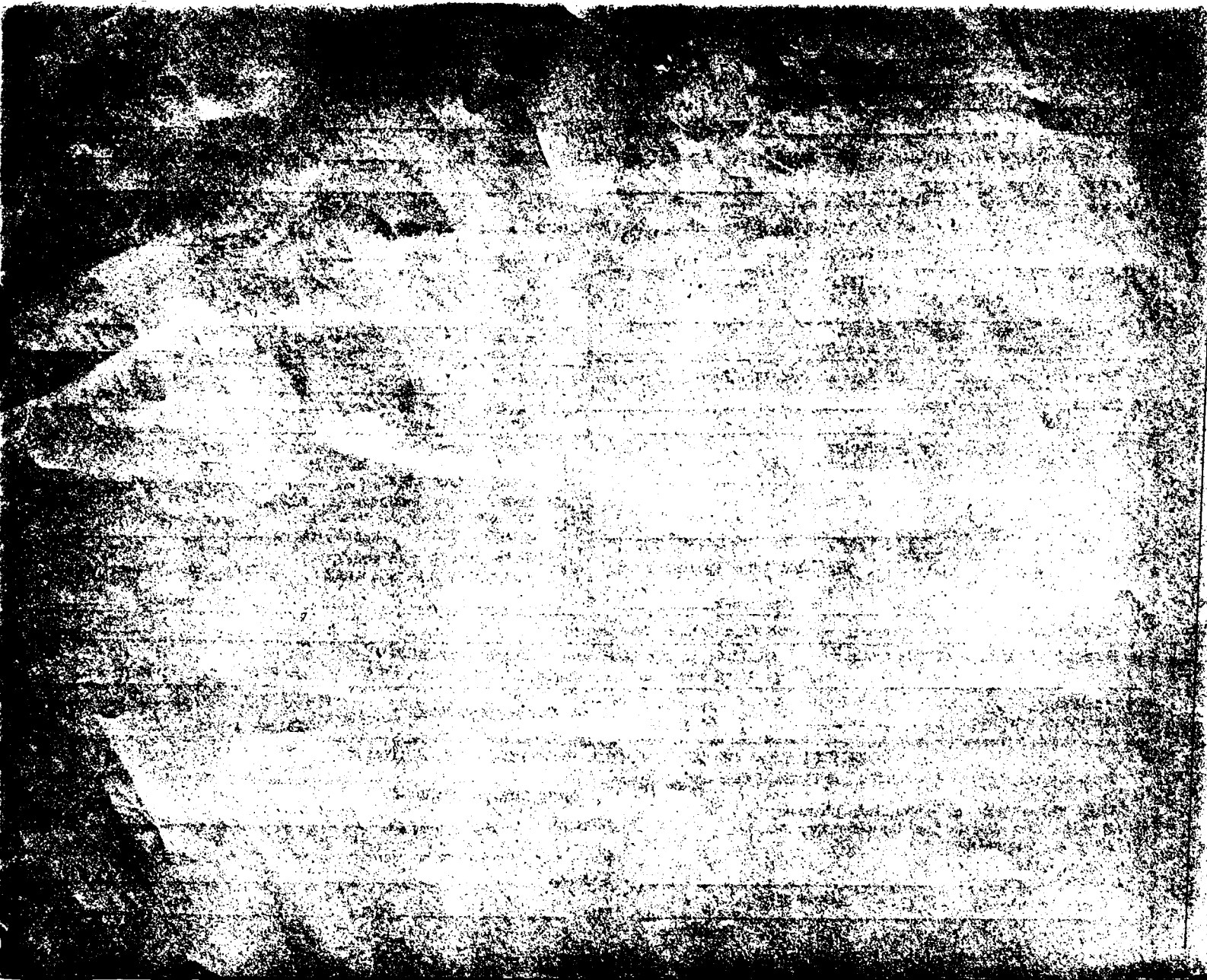
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Canyon</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Manitou</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Mercy Hospital</u>		CERTIFICATE OF BIRTH	
Registration District No. <u>7</u>		State File No. <u>272241</u>	
(If born in hospital or institution give name)		Prim. Registration District No. <u>2006</u> Local Registrar's No. <u>368</u>	
2. FULL NAME OF CHILD <u>Stilborn</u>			
3. Sex <u>female</u>	4. Twin, triplet, or other <u>births</u>	5. Number, in order of birth <u>1</u>	6. Premature <u>yes</u>
7. Legitimate <u>mate</u>	8. Date of birth <u>9-16-1938</u>	(Month, Day, Year)	
9. Full name FATHER <u>Lordon Monical</u>		18. Full maiden name MOTHER <u>Theola Perryman</u>	
10. Residence (usual place of abode) (If non-resident, give place and State)		19. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race <u>W</u>		12. Age at last birthday <u>16</u> (years)	
13. Birthplace (city or place) (State or Country)		22. Birthplace (city or place) (State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) <u>1</u>			
(a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>yes</u>			
29. If stillborn, period of gestation		30. Cause of Stillbirth	
{ months or weeks		{ During labor Before labor	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Manitou</u> m. on the date above stated.			
(Born Alive or Stillborn)			
(Signed) <u>Frank B. Baker</u> , M. D.			
or <u>Lyda Rodgers</u> , Midwife			
Address <u>Manitou, Idaho</u>			
Filed <u>Oct. 6 1938</u>			
Regist. <u>Lyda Rodgers</u>			

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.
(Date of)

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Parma

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

111084

State File No.

Registration District No. 7Primary Registration District No. 2006(No. Mary Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 1562. FULL NAME Jean Marie German(a) Residence. No. Bend Oregon St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>Sept 16, 1908</u>		
7. AGE Years <u>0</u>	Months <u>11</u>	Days <u>10</u>
If LESS than 1 day — hrs. or — min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (mo. and yr.)		

12. BIRTHPLACE (city or town)
(State or country) Parma Idaho

MOTHER FATHER

13. NAME <u>Gordon Moncas</u>	14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>
15. MAIDEN NAME <u>Thora Ferneau</u>	16. BIRTHPLACE (city or town) (State or country) <u>Funnel Kansas</u>
17. INFORMANT (Address) <u>Brother Ferneau Bend Oregon</u>	18. BURIAL, CREMATION OR REMOVAL Place <u>Bend Ore</u> Date <u>9/20 1938</u>
19. UNDERTAKER (Address) <u>B. W. Johnson</u>	20. FILED <u>Oct 6 1938</u> <u>Ida Rodgers</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/16 193822. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to 9-16-, 1938

I last saw him alive on _____, 193____: death is said

to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Stillborn
by cord from
deceased
deceased

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193____Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) Ida Rodgers(Address) Parma Ore

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, in order of birth stated.

1. PLACE OF BIRTH
County of Jefferson
City of Rigby
No. _____

RECEIVED
SEP 26 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
272242

Registration District No. 98 State File No. _____
Prim. Registration District No. 9176 Local Registrar's No. 149

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex F If plural births { 4. Twin, triplet, or other Twin 5. Number, in order of birth 2 6. Premature + 7. Legitimate? yes 8. Date of birth Sept. 4, 1938 (Month, Day, Year)

9. Full name FATHER Grover Jay Simmons
10. Residence (usual place of abode) (If non-resident, give place and State) Rigby, Ida.
11. Color or race W 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Rudolph, Ida.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. highway
16. Date (month and year) last engaged in this work present 19____ 17. Total time (years) spent in this work 5

18. Full maiden name MOTHER Genevieve Rosine PAST
19. Residence (usual place of abode) (If non-resident, give place and State) Rigby, Ida.
20. Color or race W 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or Country) Peyburg, Ida.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work present 19____ 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1
29. If stillborn, period of gestation 36 wks { months or weeks 30. Cause of Stillbirth { During labor ✓ Before labor _____
Prematurity, Twin

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

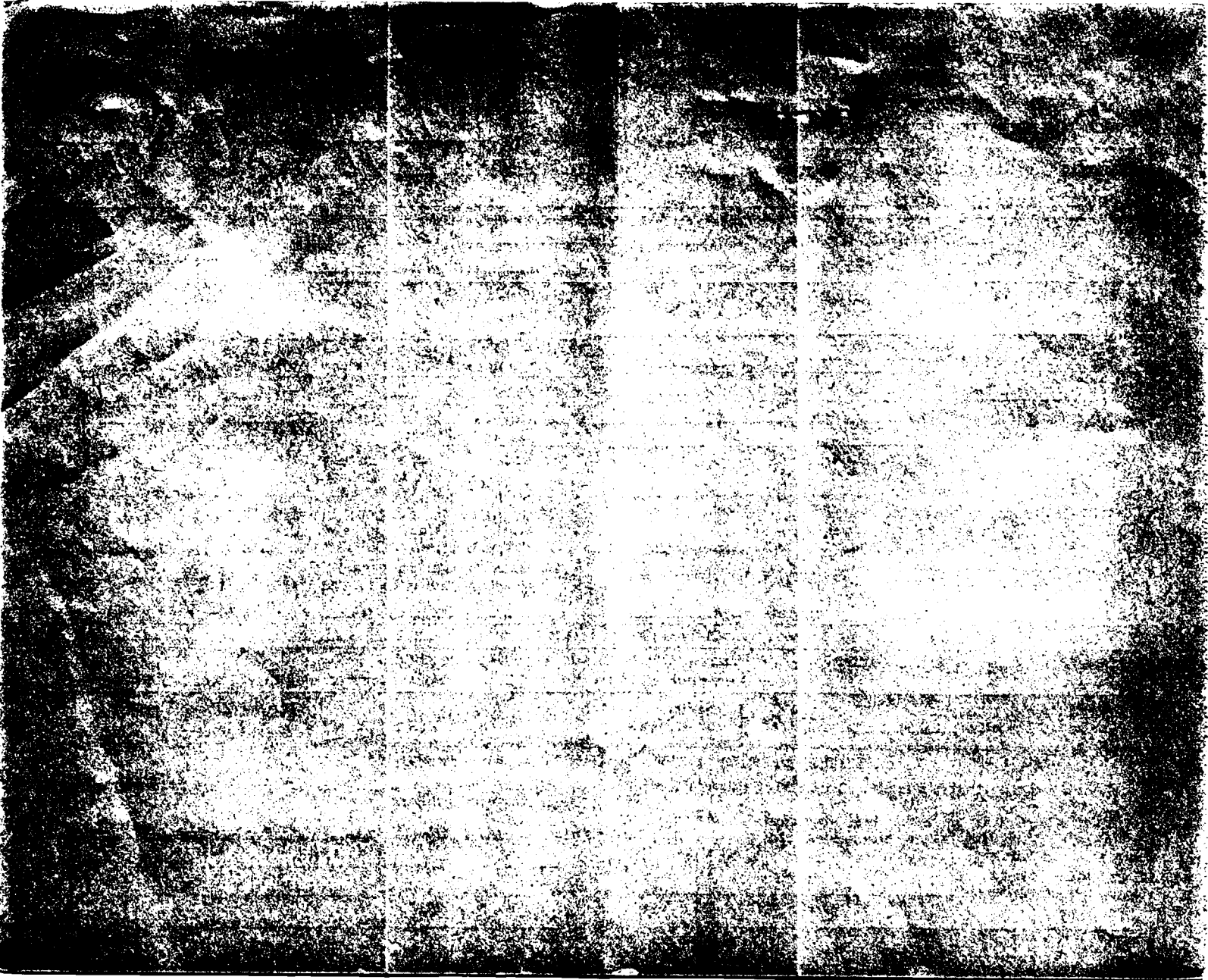
I hereby certify that I attended the birth of this child, who was stillborn at 2:30 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) J. Harper Cullay M. D.
or _____ Midwife
Address Rigby, Idaho
Filed OCT 10 1938 193 M. A. Beckersell
Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH County of <u>Jefferson</u> City of <u>Labelle</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE 111085 State File No. _____						
SEP 9 - 1938		Registration District No. <u>98</u>		Local Registrar's No. <u>37</u>						
		Primary Registration District No. <u>2176</u>								
(No. _____)										
(If death occurred in a hospital or institution, give its name instead of street and number)										
2. FULL NAME <u>Baby Simmons.</u>										
(a) Residence No. _____		St. _____								
(Usual place of abode)		(If nonresident give city or town and state)								
Length of residence in city or town where death occurred yrs. mos. ds. <u>2</u> yrs. <u>5</u> mos. <u>2</u> ds.										
PERSONAL AND STATISTICAL PARTICULARS.										
3. SEX <u>F. M.</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Babe</u>								
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____										
6. DATE OF BIRTH (month, day, and year) <u>9/4/1938</u>										
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>2</u> hrs. or <u>2</u> min.						
OCCUPATION										
						8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
						9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (mo. and yr.) _____			11. Total time (years) spent in this occupation _____							
12. BIRTHPLACE (city or town) <u>Labelle, Idaho.</u> (State or country)										
MOTHER FATHER										
						13. NAME <u>Grover Jay Simmons.</u>				
						14. BIRTHPLACE (city or town) <u>Ririe, Ida.</u> (State or country)				
15. MAIDEN NAME <u>Genevieve Rosina Pfost.</u>										
16. BIRTHPLACE (city or town) <u>Herbert, Ida.</u> (State or country)										
17. INFORMANT <u>Grover Simmons</u> (Address) <u>Rigby, Ida. R. #2</u>										
18. BURIAL, CREMATION OR REMOVAL Place <u>Annis, Ida</u> Date <u>9/4</u> , 193 <u>8</u>										
19. UNDERTAKER <u>None</u> (Address)										
20. FILED <u>9-4</u> , 193 <u>8</u> <u>W. A. Barber</u> Registrar.										
MEDICAL CERTIFICATE OF DEATH										
21. DATE OF DEATH (month, day and year) <u>9/4</u> 193 <u>8</u>										
22 I HEREBY CERTIFY, That I attended deceased from <u>birth</u> , 193 <u>8</u> , to <u>same</u> , 193 <u>8</u> .										
I last saw h. <u>alive</u> on <u>same</u> 193 <u>8</u> ; death is said to have occurred on the date stated above, at <u>2:50</u> m.										
The principal cause of death and related causes of importance were as follows:										
					Date of onset <u>9/4</u>					
<u>Stillborn - premature</u>										
Other contributory causes of importance:										
Name of operation _____ Date of _____										
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>										
23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>8</u> .										
Where did injury occur? _____ (Specify city or town, county, and state)										
Specify whether injury occurred in industry, in home, or in public place.										
Manner of injury _____										
Nature of injury _____										
24 Was disease or injury in any way related to occupation deceased? <u>no</u> If so, specify _____										
(Signed) <u>J. Harper Bulley</u> , M. D.										
(Address) <u>Rigby, Idaho.</u>										

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

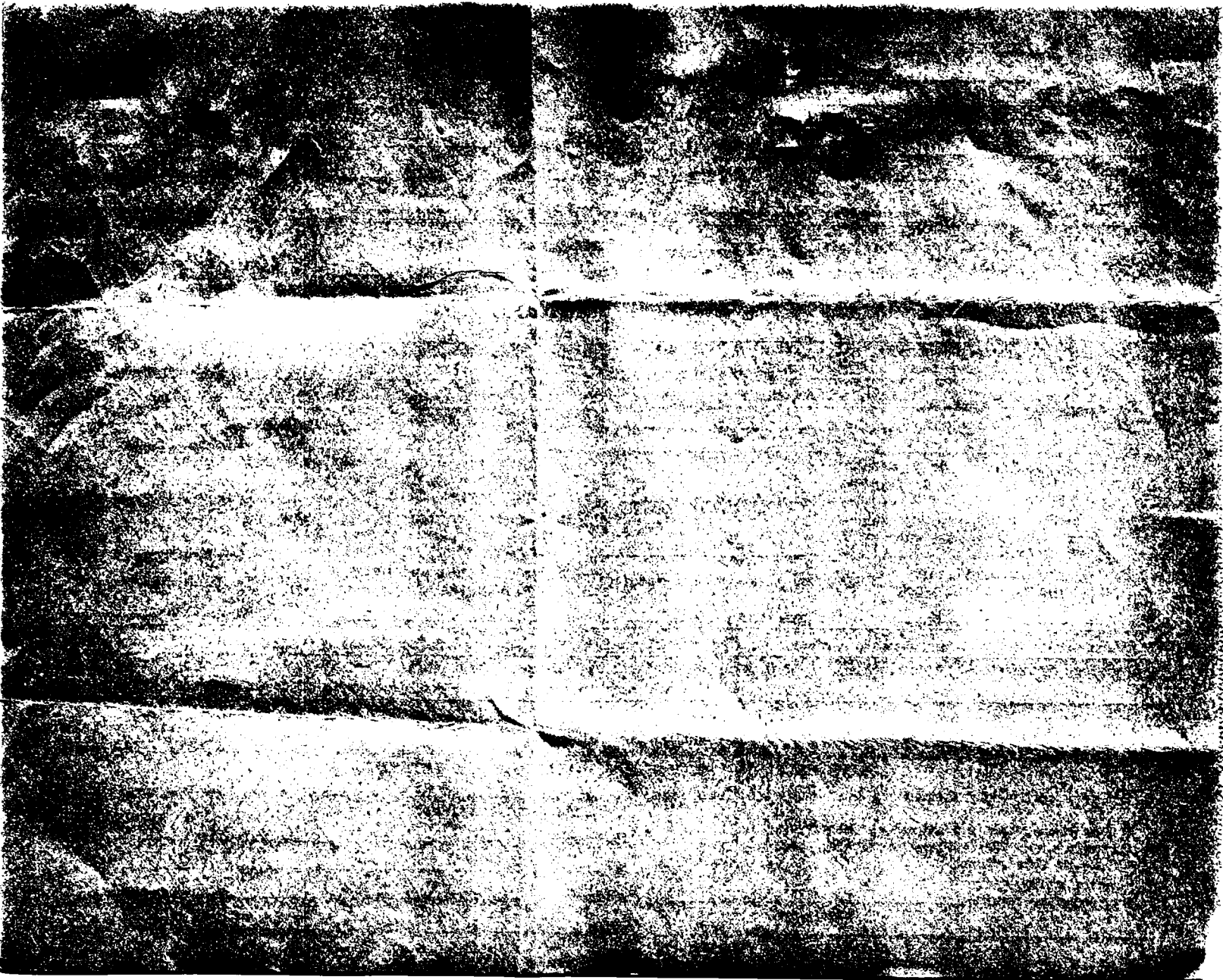
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		272243	
County of <u>Hootenai</u>		Registration District No. <u>30</u>		State File No. <u>272243</u>							
City of <u>Coeur d'Alene</u>		Prim. Registration District No. <u>1051</u>		Local Registrar's No. <u>268</u>							
No. _____											
(If born in hospital or institution give name.)											
2. FULL NAME OF CHILD <u>Russell Lee Spears</u>											
3. Sex <u>M.</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>yes</u>		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>9/8/1938</u> (Month, Day, Year)			
9. Full name FATHER <u>Willard Alfred Spears</u>						18. Full maiden name MOTHER <u>Helen LaVerne Haggard</u>					
10. Residence (usual place of abode) <u>Coeur d'Alene, Sp. Mountain</u> (If non-resident, give place and State) <u>Idaho</u>						19. Residence (usual place of abode) <u>Idaho</u> (If non-resident, give place and State) <u>Idaho</u>					
11. Color or race <u>W</u>						12. Age at last birthday <u>24</u> (years)					
13. Birthplace (city or place) <u>Sioux City</u> (State or Country) <u>Iowa</u>						20. Color or race <u>W</u>					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>						21. Age at last birthday <u>15</u> (years)					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____						22. Birthplace (city or place) <u>Rockford Bay</u> (State or Country) <u>Hawaii</u>					
16. Date (month and year) last engaged in this work _____						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>					
17. Total time (years) spent in this work _____						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>					
18. Date (month and year) last engaged in this work _____						25. Total time (years) spent in this work _____					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Ag. N.D. 1/10</u>											
28. Number of children of this mother (At time of this birth and including this child) <u>One</u>											
(a) Born alive and now living <u>None</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>One</u>											
29. If stillborn, period of gestation <u>Full Term</u> { months _____ or weeks _____						30. Cause of stillbirth <u>Labor</u> Before labor <u>yes</u> During labor <u>Still born</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Born dead</u> at <u>4:35 p.m.</u> on the date above stated. (Born Alive or Stillborn)											
(Signed) <u>Dr. E. H. J. real</u> M. D.											
or _____ Midwife											
Address <u>Coeur d'Alene, Idaho</u>											
Filed <u>Sept. 27</u> , 193 <u>8</u> <u>L. Kitcher M.D.</u>											
Regist. <u>_____</u>											



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of *Boonville*
City of *Coeur d'Alene*

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **111086**Registration District No. **30**Primary Registration District No. **1051**Local Registrar's No. **129**(No. *City word Maternity Home*)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME *Russell Lee Spears*

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX *M.* 4. Color or Race *W.* 5. Single, Married, Widowed or Divorced, (write the word) *single*

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) *9-8-1935*

7. AGE Years Months Days
0 0 0
If LESS than 1 day *0* hrs. or *0* min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) *Coeur d'Alene*
(State or country) *Idaho*

13. NAME *Willard L. Spears*

14. BIRTHPLACE (city or town) *Sioux City*
(State or country) *Iowa*

15. MAIDEN NAME *Helen Hegel*

16. BIRTHPLACE (city or town) *Roseburg, Ore.*
(State or country) *Idaho*

17. INFORMANT *Willard L. Spears*
(Address) *1218 St. Louis Ave. Coeur d'Alene*

18. BURIAL, CREMATION OR REMOVAL
Place *Coeur d'Alene* Date *9-*, 193*8*

19. UNDERTAKER *Cassidy Funeral Home*
(Address) *Coeur d'Alene, Idaho*

20. FILED *9/11/38*, 193*8* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) *9-8-1938*

22 I HEREBY CERTIFY, That I attended deceased from

9-8-1938, to *9-8-1938*I last saw him alive on *9-8-1938*: death is saidto have occurred on the date stated above, at *not known*

The principal cause of death and related causes of importance were as follows:

Date of onset

*Still birth**Cause of death not**attributable to any**definite cause.*

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an

autopsy? *no*

23. If death was due to exter'l causes (violence) fill in also

the following:

Accident, suicide, or homicide? _____ Date of injury _____

193*8*

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or

in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation

of deceased? *no* If so, specify _____(Signed) *E. H. Reed* M. D.(Address) *Coeur d'Alene, Idaho*

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

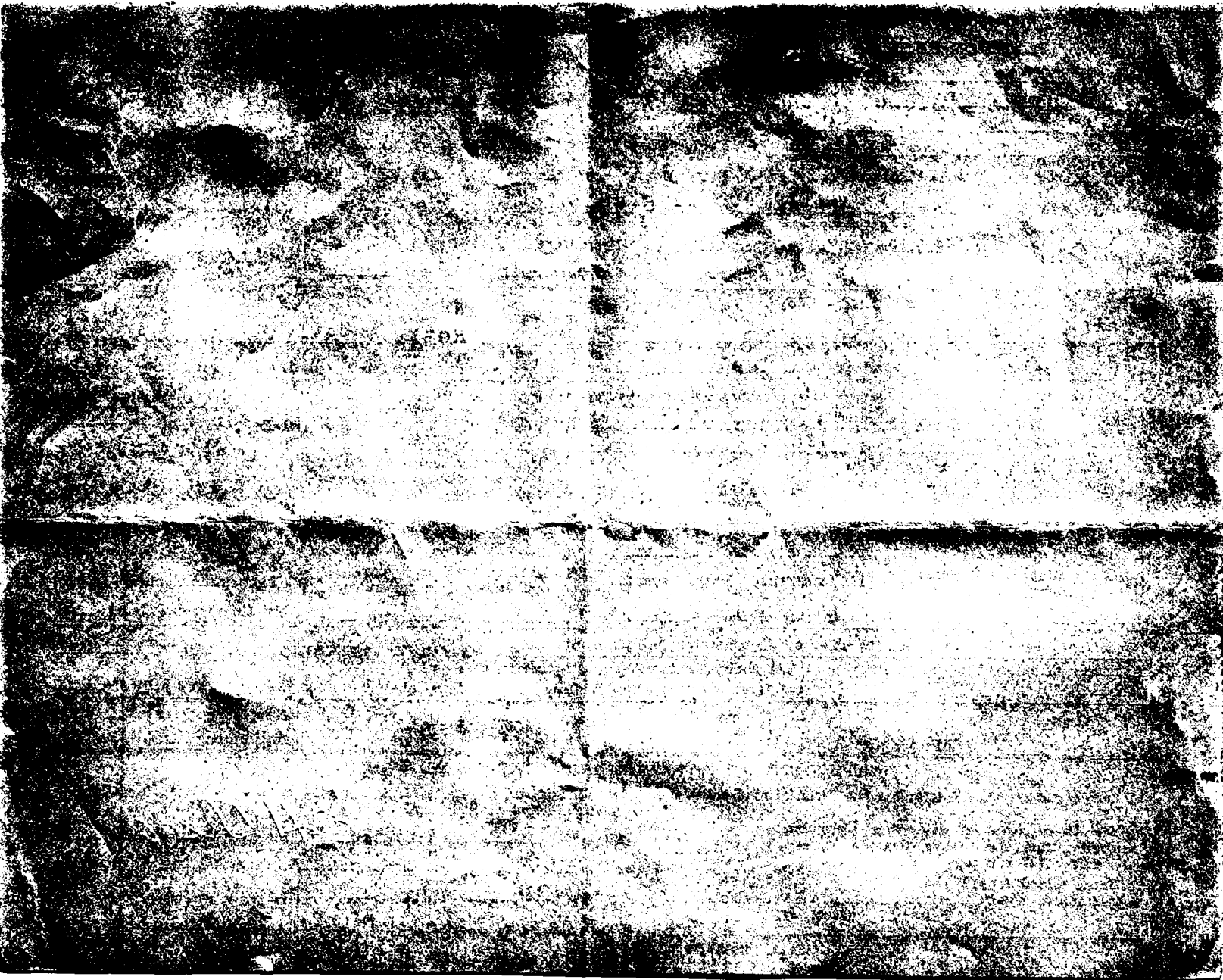
1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Kootenai
City of Coeur d'Alene

0015-1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 1051

DO NOT WRITE IN THIS SPACE

State File No. 111087

Local Registrar's No. 124

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Sally Joe Dingman

(a) Residence. No. Hayden Lake Route 1 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. Color or Race <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Still born</u>
5a. If married, widowed, or divorced HUSBAND of <u>Baby</u> (or) WIFE of		
6. DATE OF BIRTH (month, day, and year) <u>9/26/38</u>		
7. AGE Years <u>Still born</u>	Months <u>Still born</u>	Days <u>Still born</u>
If LESS than 1 day ____ hrs. or ____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Coeur d'Alene
(State or country) Idaho

13. NAME Faye Dingman

14. BIRTHPLACE (city or town) Hayden Lake
(State or country) Idaho

15. MAIDEN NAME Beretta Burlingame

16. BIRTHPLACE (city or town) Danbury,
(State or country) Wisconsin

17. INFORMANT Mrs. Nellie Dingman
(Address) Hayden Lake, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Rimrock Cemetery Date 9/26/38 1938

19. UNDERTAKER
(Address) _____

20. FILED 9/26 1938 L. L. Rieder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9/26/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/26/38 1938 to 9/26/38 1938

I last saw him live on 9/26/38 1938; death is said

to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Lack of union of skull bones

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) E. H. Leach M. D.

(Address) Coeur d'Alene, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Moscow</u> No. <u>762</u> St. <u>The Gutman Hosp.</u> (If born in hospital or institution give name.) Registration District No. <u>61</u> State File No. <u>272245</u> Prim. Registration District No. <u>1011</u> Local Registrar's No. <u>724</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD <u>Stillborn</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <input checked="" type="checkbox"/>	7. Legiti- mate? <input checked="" type="checkbox"/>
8. Date of birth <u>9-9-1938</u> (Month, Day, Year)			
9. Full name FATHER <u>Richard Anthony Fox</u>		18. Full maiden name MOTHER <u>Mary Elizabeth Swalley</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Ida</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Moscow, Ida</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age at last birthday <u>39</u> (years)		21. Age at last birthday <u>39</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Hayward Nebraska</u>		22. Birthplace (city or place) (State or Country) <u>Upperville North Dakota</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sales manager</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sales Co.</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Sales Co.</u>		25. Date (month and year) last engaged in this work <u>Present</u> , 19____	
16. Date (month and year) last engaged in this work <u>Present</u> , 19____		26. Total time (years) spent in this work <u>14 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation { months or weeks		30. Cause of Stillbirth { During labor... Before labor... <input checked="" type="checkbox"/>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

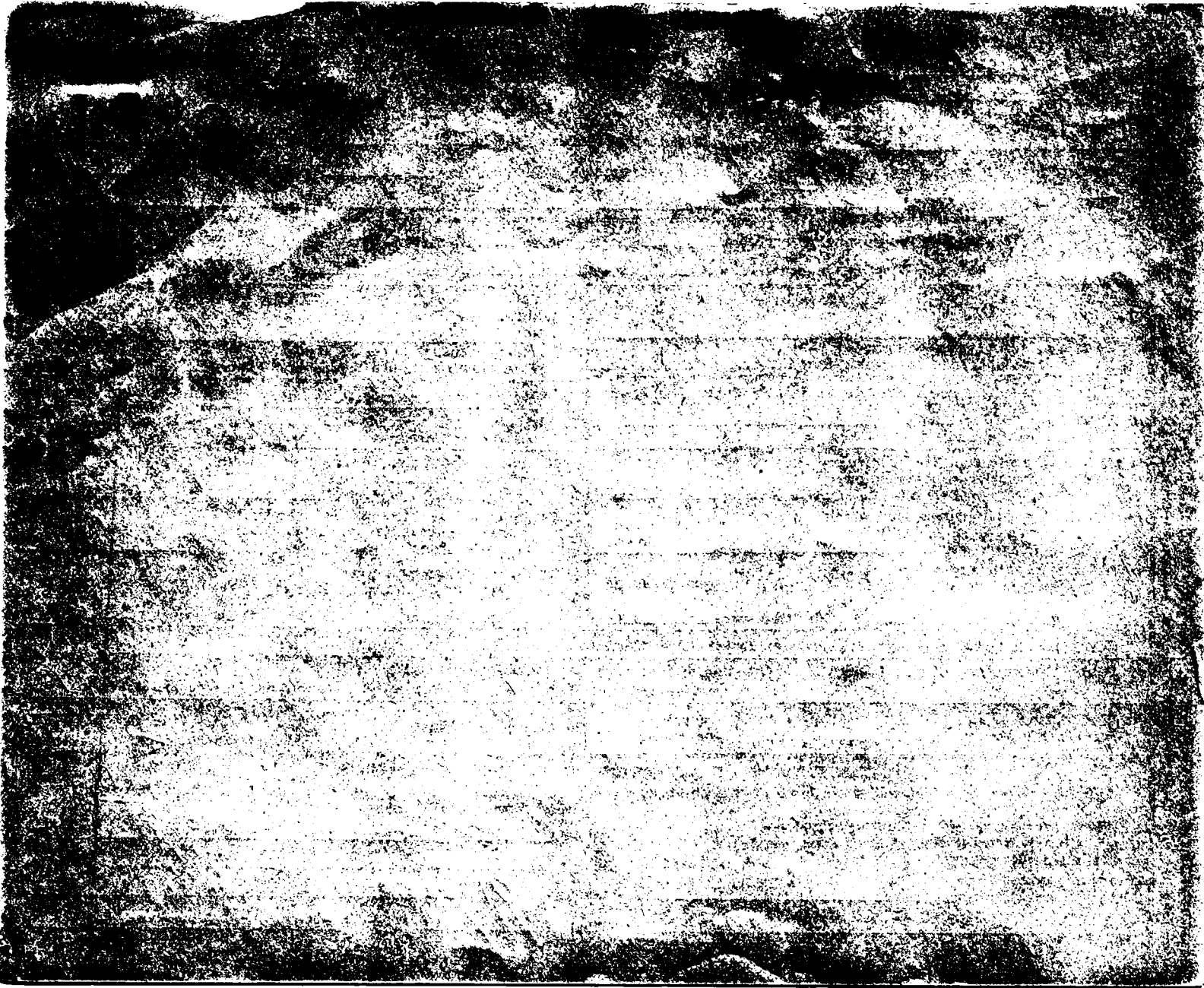
(Signed) William Hoag, M. D.

or _____, Midwife

Address Moscow, Idaho

Filed 10/10/38, 1938 Haupfenhous

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Latah
City of MOSCOW

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

111088

State File No.

Registration District No. 61

Primary Registration District No. 1011

Local Registrar's No. 377

(No. Gritman Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Fox

(a) Residence No. St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, and year) 9/9/08

7. AGE Years Months Days If LESS than
Stillbirth 1 day hrs.
or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Idaho

13. NAME Richard A. Fox

14. BIRTHPLACE (city or town, State or country) Idaho

15. MAIDEN NAME Elizabeth Swaley

16. BIRTHPLACE (city or town, State or country) Idaho

17. INFORMANT (Address) Idaho

18. BURIAL, CREMATION OR DISPOSITION (Place) MOSCOW Date 9/9, 1938

19. UNDERTAKER (Address) H. E. Short

20. FILED 10-10, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH Sept 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Sept 9, 1938

I last saw Stillbirth, 1938: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Not known Date of onset

Stillbirth

probably 1 mo.

Other contributory causes of importance:

duration

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

1938 Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) W. E. Cunningham, M. D.

(Address) Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	Date of onset
	1921
Cerebral hemorrhage	Date of onset
	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	Date of onset
	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago
Run over by street car	Date of onset
	1 week ago
Peritonitis	Date of onset
	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Potlatch
No. 100 St. Hospital
(If born in hospital or institution give name.)

001 4 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 65 State File No. 272246

2. FULL NAME OF CHILD Yvonne Shirley Chase Curtis Prim. Registration District No. 2145 Local Registrar's No. _____

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Sept 28 1938 (Month, Day, Year)

9. Full name FATHER Lawrence Leonard Curtis 18. Full maiden name MOTHER Rona Eileen Chase
10. Residence (usual place of abode) (If non-resident, give place and State) Palouse Wn 19. Residence (usual place of abode) (If non-resident, give place and State) Palouse Wn
11. Color or race W 12. Age at last birthday 23 (years) 20. Color or race W 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Palouse Wn 22. Birthplace (city or place) (State or Country) Palouse Wn

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rented Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Present 1938 17. Total time (years) spent in this work 5 yrs 25. Date (month and year) last engaged in this work Present 1938 26. Total time (years) spent in this work 1 1/2 yrs

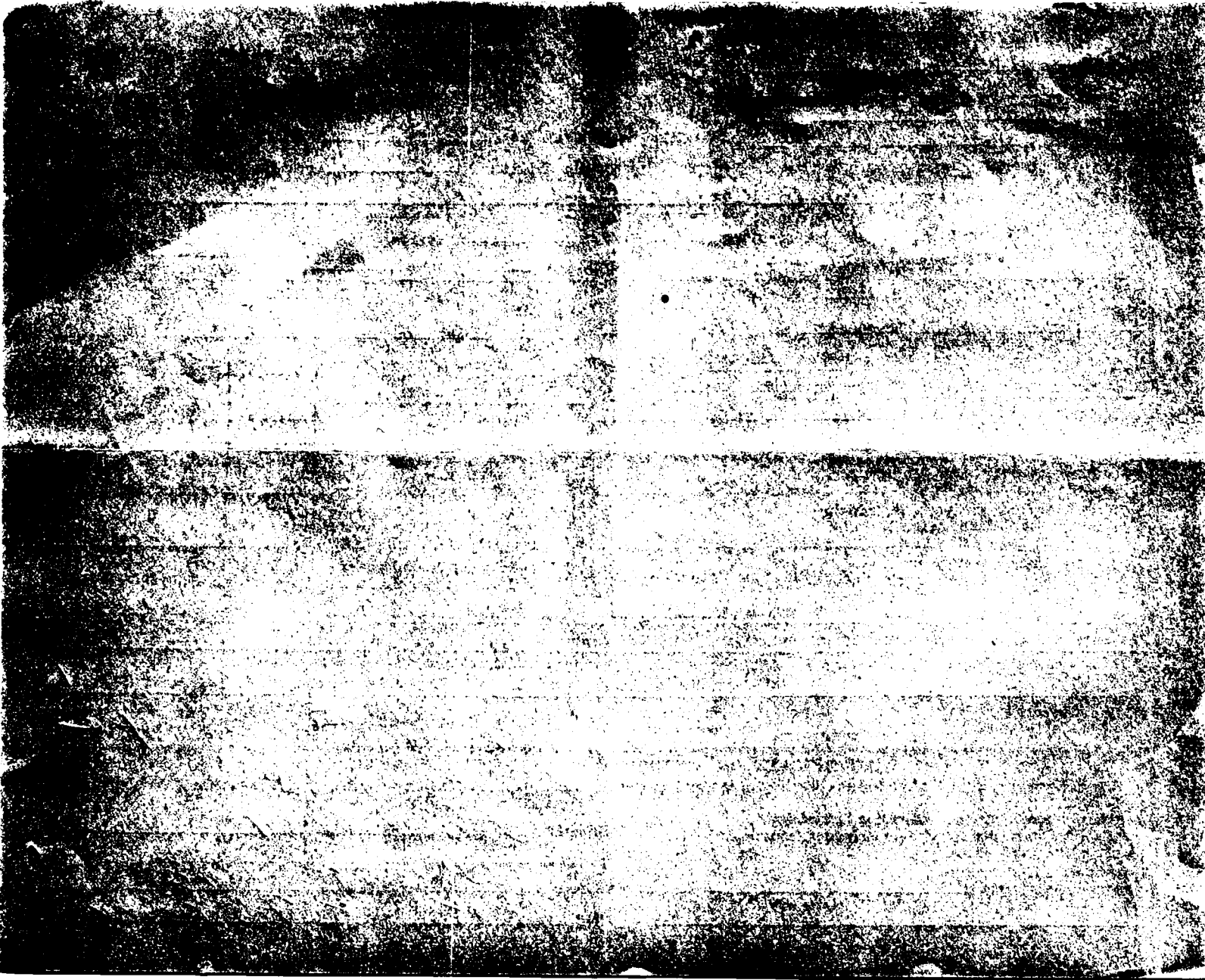
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 8 mo { months or weeks _____ 30. Cause of Stillbirth Placenta previa During labor Yes Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still Born at 3 P m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) F. C. Kibron, M. D.
or _____, Midwife
Address Potlatch Idaho
Filed Sept 28, 1938 F. C. Kibron
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
COUNTY OF <u>Salatch</u>		DEPARTMENT OF PUBLIC WELFARE		111089	
CITY OF <u>Palouse</u>		BUREAU OF VITAL STATISTICS		State File No.	
		REGISTRATION DISTRICT NO. <u>65</u>		LOCAL REGISTRAR'S NO.	
		PRIMARY REGISTRATION DISTRICT NO. <u>21/65</u>			
		(No. <u>Palouse Hospital</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Shirley Curtis</u>					
(a) Residence No.		St. <u>Palouse, Wash</u>			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single Married Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>Sept 28-38</u>					
7. AGE	Years	Months	Days	LESS than 1 day 8 hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) (State or country) <u>Palouse Idaho</u>					
13. NAME <u>Lawrence Leonard Curtis</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Salatch Co Idaho</u>					
15. MAIDEN NAME <u>Lama Deep Chase</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Palouse Wash</u>					
17. INFORMANT <u>J. J. Curtis</u> (Address) <u>Palouse Wash</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Palouse Wash</u> Date <u>Sept 28</u> 1938					
19. UNDERTAKER (Address) <u>Palouse Wash</u>					
20. FILED <u>9/28/38</u> 1938 <u>78</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH.					
21. DATE OF DEATH (month, day and year) 1938 <u>Sept 28</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept 28</u> , 1938, to <u>Sept 28</u> , 1938.					
I last saw <u>her</u> alive on 1938: death is said to have occurred on the date stated above, at <u>2 P</u> m.					
The principal cause of death and related causes of importance were as follows:					
<u>Still Birth</u>					
Date of onset					
Other contributory causes of importance:					
<u>Placenta Previa</u>					
Name of operation <u>Cesarian Section</u> Date of <u>Sept 28-38</u>					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 1938					
Where did injury occur? (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify					
(Signed) <u>F. C. Gibson</u> M. D.					
(Address) <u>Palouse Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lemhi
City of Salmon
No. _____ St.

Temple Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 272247

00511 1938

Registration District No. 41 State File No. _____

Prim. Registration District No. 2116 Local Registrar's No. _____

2. FULL NAME OF CHILD

David Elmer Goodman

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term Yes 7. Legitimate? Yes 8. Date of birth 9-16-38, 193____ (MONTH, DAY, YEAR)

9. Full name FATHER Charles Dewey Goodman

18. Full maiden name MOTHER Florence Boyer

10. Residence (usual place of abode) Baker, Ida. (If non-resident, give place and State) _____

19. Residence (usual place of abode) Baker, Ida. (If non-resident, give place and State) _____

11. Color or race W 12. Age at last birthday 40 (years)

20. Color or race W 21. Age at last birthday 31 (years)

13. Birthplace (city or place) Kansas (State or country)

22. Birthplace (city or place) Nebraska (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

OCCUPATION 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, Nine months period of gestation _____ or weeks _____ 29. Cause of stillbirth Prolapsed cord Before labor _____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7:00 am on the date above stated. (BORN ALIVE OR STILLBORN)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O. T. Stratton, M. D.

or _____, Midwife

Give name added from a supplemental report _____

(DATE OF)

Address Salmon, Idaho.

Filed 10-9, 1938 Elis Pullar

Registrar.

Registrar.

UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION OF THE
ACTS OF VIOLENCE

REPORT OF THE

NAME	DATE	PLACE	REMARKS
JOHN DOE	1968	NEW YORK	...
JANE SMITH	1968	NEW YORK	...
...

...

...

CERTIFICATE OF DEATH.

State of Idaho
BOARD OF HEALTH
Bureau of Vital Statistics

1. PLACE OF DEATH.

Registration District No. 41
County of Lemhi Primary Registration District No. 2116
City of Salmon (No. _____ St.)File No. 111090

Registered No. _____

If death occurs away from
usual residence, give facts
called for under special
information.2. FULL NAME David Elmer Goodman 215If death occurred in a hos-
pital, institution or camp,
give its NAME instead of
street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED. Single
(Write the word.)6. DATE OF BIRTH. September 16 1938
(Month) (Day) (Year)7. AGE Stillborn IF LESS than 1 day
how many hrs. or min.?
Yrs. Mos. ds.8. OCCUPATION None
(a) Trade, profession or
particular kind of work...
(b) General nature of in-
dustry, business, or estab-
lishment in which employ-
ed (or employer)...9. BIRTHPLACE Salmon, Idaho
(State or Country)10. NAME OF FATHER Charles Dewey Goodman11. BIRTHPLACE OF FATHER Kansas
(State or Country)12. MAIDEN NAME OF MOTHER Florence Boyer13. BIRTHPLACE OF MOTHER Nebraska
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Clio Bellamy
(Address) Salmon, Ida.15. Filed 10-9 1938 Clio Bellamy

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH September 16 1938
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
9/16/38 191 to 9/16/38 191
that I last saw h. alive on 191

and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Prolapsed umbilical cord

(Duration) _____ Yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ Yrs. _____ mos. _____ ds.

(Signed) C. D. Goodman M. D.19. (Address) Salmon, Idaho*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)
MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
Transients or Recent Residents.)At place of death. _____ yrs. _____ mos. _____ days. In the
State. _____ yrs. _____ mos. _____ daysWhere was disease contracted
if not at place of death? _____Former or
usual residence _____19. PLACE OF BURIAL OR REMOVAL Baker, Idaho DATE OF BURIAL 9/16/38 19120. UNDERTAKER C. D. Goodman ADDRESS Baker, Ida.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement
of OCCUPATION is very important. See instructions on back of certificate.

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated this: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-*

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of* (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL, septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wadsworth
No. _____ St. _____
County Hospital
(If born in hospital or institution give name.)
Registration District No. 70 State File No. 272248
Prim. Registration District No. 1011 Local Registrar's No. 58

2. FULL NAME OF CHILD Ella May Mustard

3. Sex female If plural births { 4. Twin, triplet, or other. / 6. Premature X 7. Legitimate? yes 8. Date of birth Aug. 15 - 1938
5. Number, in order of birth 1 Full term _____ (Month, Day, Year)

9. Full name FATHER Harlan Byrd Mustard 18. Full maiden name MOTHER Ella Marjorie Bailey
10. Residence (usual place of abode) Murray Idaho 19. Residence (usual place of abode) Murray Idaho
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 23 (years) 20. Color or race W. 21. Age at last birthday 20 (years)
13. Birthplace (city or place) Cincinnati Ohio 22. Birthplace (city or place) Seattle Washington
(State or Country) (State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19 _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____ 19 _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Acyclovir 10%
28. Number of children of this mother (At time of this birth and including this child) _____
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, # period of gestation 6 1/2 months months or weeks _____ 30. Cause of Stillbirth _____ { During labor X Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 9 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) H. C. Lindsey

M. D.

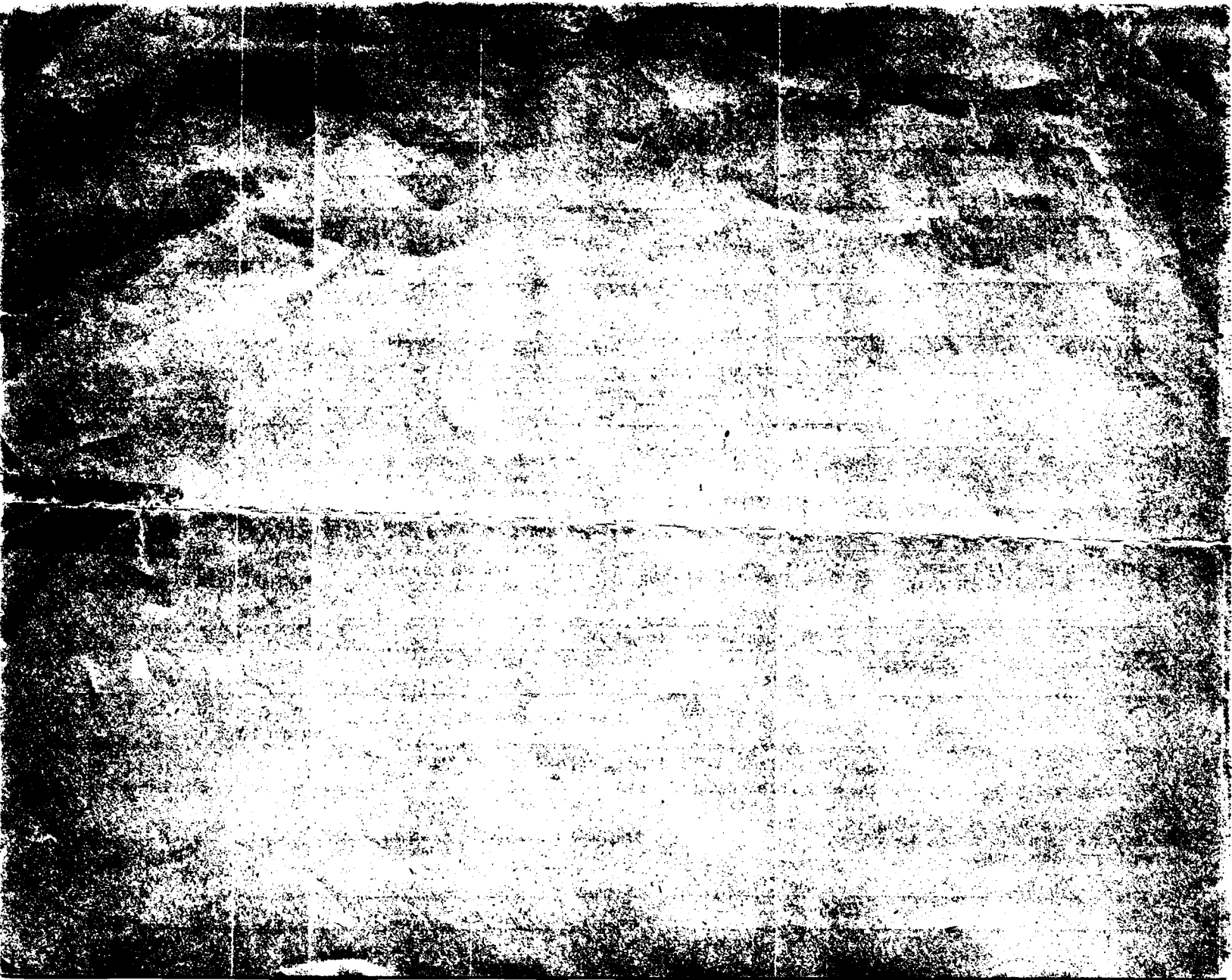
or _____

Midwife

Address Keelogg Idaho

Filed Syn 11 1938

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111094

Registration District No. 70
Primary Registration District No. 10 11

Local Registrar's No. 29

SEP 14 1938

(No. 65 Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. Murray Bldg.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 15-38

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace Idaho
(State or country)

13. NAME Harlen Mustard

14. BIRTHPLACE (city or town) Not known
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Wallace Idaho
(State or country)

17. INFORMANT 6 Hospital Records
(Address) Wallace Idaho

18. BURIAL, CREMATION OR REMOVAL Place Wallace Idaho Date Aug 16, 1938

19. UNDERTAKER J. A. Bower (Drake)
(Address) Wallace Idaho

20. FILED Aug 15, 1938 John A. Bower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 15 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h. _____ alive on _____ 193____; death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Still born Date of onset

Other contributory causes of importance:

Prematurity 6 1/2 months

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) McKinley M. D.

(Address) Wallace

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Shoshone</u>		City of <u>Wallace</u>		No. <u>Wallace Hosp</u>		St. <u>Idaho</u>		OCT 10 1938	
(If born in hospital or institution give name.)		Registration District No. <u>70</u>		State File No. <u>272249</u>		Prim. Registration District No. <u>101</u>		Local Registrar's No. <u>60</u>	
2. FULL NAME OF CHILD <u>Charlotte Ann Seaton</u>									
3. Sex <u>Female</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>✓</u>		7. Legiti- mate? <u>yes</u>		8. Date of birth <u>Sept 5</u> , 19 <u>38</u> (Month, Day, Year)	
9. Full name FATHER <u>Ernest Franklin Seaton</u>					18. Full maiden name MOTHER <u>Jennie Helen Strum</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>				
11. Color or race <u>White</u> 12. Age at last birthday <u>34</u> (years)					20. Color or race <u>White</u> 21. Age at last birthday <u>29</u> (years)				
13. Birthplace (city or place) (State or Country) <u>Carthage Missouri</u>					22. Birthplace (city or place) (State or Country) <u>Parker Prairie Ill.</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u>					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>P.W.A.</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>H.W.</u>				
16. Date (month and year) last engaged in this work _____, 19____					17. Total time (years) spent in this work _____				
18. Date (month and year) last engaged in this work _____, 19____					19. Total time (years) spent in this work <u>1 yr</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____									
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation _____ { months or weeks					30. Cause of Stillbirth _____ { During labor _____ Before labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:45 a.m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Hubert E. Bonebrake, M. D.

or _____, Midwife

Address Wallace, Idaho

Filed Sept 29, 1938 J. H. A. Bower

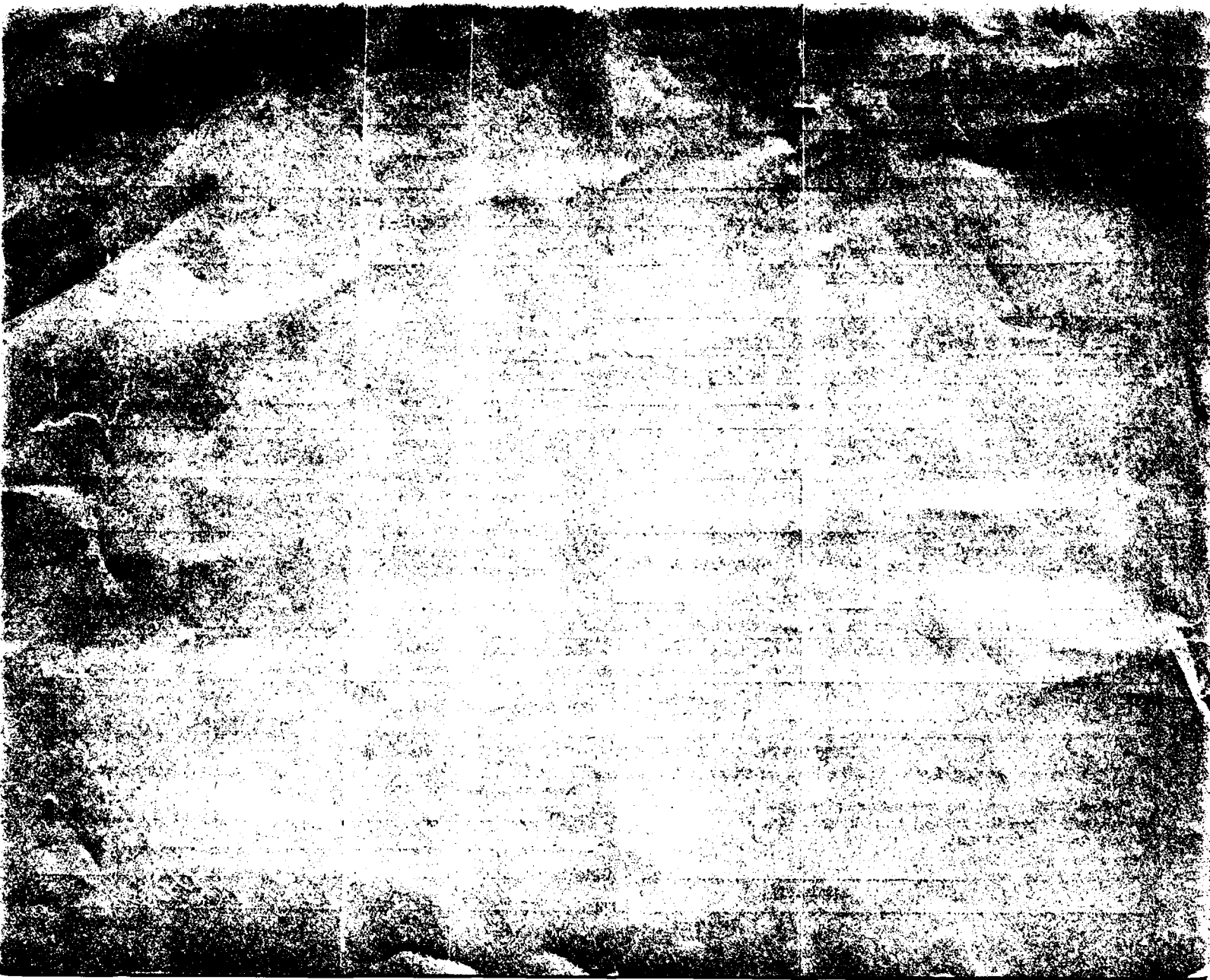
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111092

Registration District No. 70Primary Registration District No. 1011(No. Wallace Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Local Registrar's No. 332. FULL NAME Charlotte Ann Seaton

(a) Residence No. _____

(Usual place of abode)

St. Wallace

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Ida.

13. NAME Ernest Seaton

14. BIRTHPLACE (city or town) Carthage
(State or country) Missouri

15. MAIDEN NAME Jennie Strom

16. BIRTHPLACE (city or town) Ida.
(State or country) Ida.

17. INFORMANT Ernest Seaton
(Address) Wallace Ida

18. BURIAL, CREMATION OR REMOVAL Place Wallace Ida Date Sept. 7, 1938

19. UNDERTAKER J. B. Burr
(Address) Wallace Ida

20. FILED Sept 6, 1938 John A. Burr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 5, 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h..... alive on _____ 193____: death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Still Born

Date of onset

Sept 5, 1938

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Robert E. Monaghan(Address) Wallace, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
OCT 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

272250

Registration District No. 70 State File No. 1011
Prim. Registration District No. 1011 Local Registrar's No. 64

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. 6 Canyon Ave St.
Provident Hospital

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Baby Girl Balkins

3. Sex ♀ If plural births { 4. Twin, triplet, or other. 6. Premature yes 7. Legitimate? yes 8. Date of birth Sept. 9, 1938
(Month, Day, Year)

9. Full name FATHER James Balkins 18. Full maiden name MOTHER Dorothy Beile Spaulding

10. Residence (usual place of abode) Idaho 19. Residence (usual place of abode) Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 23 (years) 20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) Nebraska 22. Birthplace (city or place) Tales Oregon
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hecla 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. lawyer

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 1 1/2 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 3 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 { months or weeks 30. Cause of stillbirth Asphyxia Before labor X
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 15 at 11 m. on the date above stated.

(Born Alive or Stillborn)
(Signed) Edith Sued M. D.
or _____ Midwife

Address Wallace, Idaho

Filed Sept 26 1938 John A. Brown Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Shoshone
City of Wallace

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH.

DO NOT WRITE IN THIS SPACE
111093
State File No. _____

Registration District No. 70

Primary Registration District No. 1911-

(No. Providence Hospital)

Local Registrar's No. 35

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Carinett Balkins

(a) Residence No. Clark Ida.

St. Rein

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept - 9 - 1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wallace
(State or country) Ida.

13. NAME James Balkins

14. BIRTHPLACE (city or town) Ida.
(State or country)

15. MAIDEN NAME Dorothy Spaulding

16. BIRTHPLACE (city or town) Idaho City
(State or country) Ida.

17. INFORMANT James Balkins
(Address) Clark Ida.

18. BURIAL, CREMATION OR REMOVAL Place Wallace Date Sept 12 1938

19. UNDERTAKER J. A. C. (Ward)
(Address) Wallace Ida.

20. FILED Sept 10 1938 John A. C. (Ward) Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Sept 9 1938

22 I HEREBY CERTIFY That I attended deceased from Sept 9, 1938, to Sept 9, 1938.

I last saw h. Sept 9 alive on Sept 9, 1938: death is said to have occurred on the date stated above, at 10:30 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn

(asphyxia)

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) John A. C. (Ward) M. D.
(Address) Wallace, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls, Idaho
City of Twin Falls, Idaho
No. Route No. 2

RECEIVED
OCT 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

(If born in hospital or institution give name.)

Registration District No. 27 State File No. 27225

Prim. Registration District No. 1685 Local Registrar's No. 547

2. FULL NAME OF CHILD Unnamed

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Sept. 9, 1938</u> (Month, Day, Year)
-----------------------	---	------------------------------------	--------------------------------	--

9. Full name <u>LaVon Marnier Priest</u>	FATHER	18. Full maiden name <u>Tryphena Fornsworth</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls,</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls, Ida</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>33</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>31</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Beaver Dam, Utah</u>	22. Birthplace (city or place) (State or Country) <u>Evanston, Wyoming</u>
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Flour Packer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Flour Mill</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
--	--

16. Date (month and year) last engaged in this work <u>Sept. 9, 1938</u>	17. Total time (years) spent in this work <u>3 years</u>	25. Date (month and year) last engaged in this work <u>Sept. 9, 1938</u>	26. Total time (years) spent in this work <u>10 years</u>
--	---	--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn One

29. If stillborn, period of gestation <u>Full Term</u> { months or weeks	30. Cause of Stillbirth <u>Forceps delivery</u> { During labor Before labor
--	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:30 P on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report.

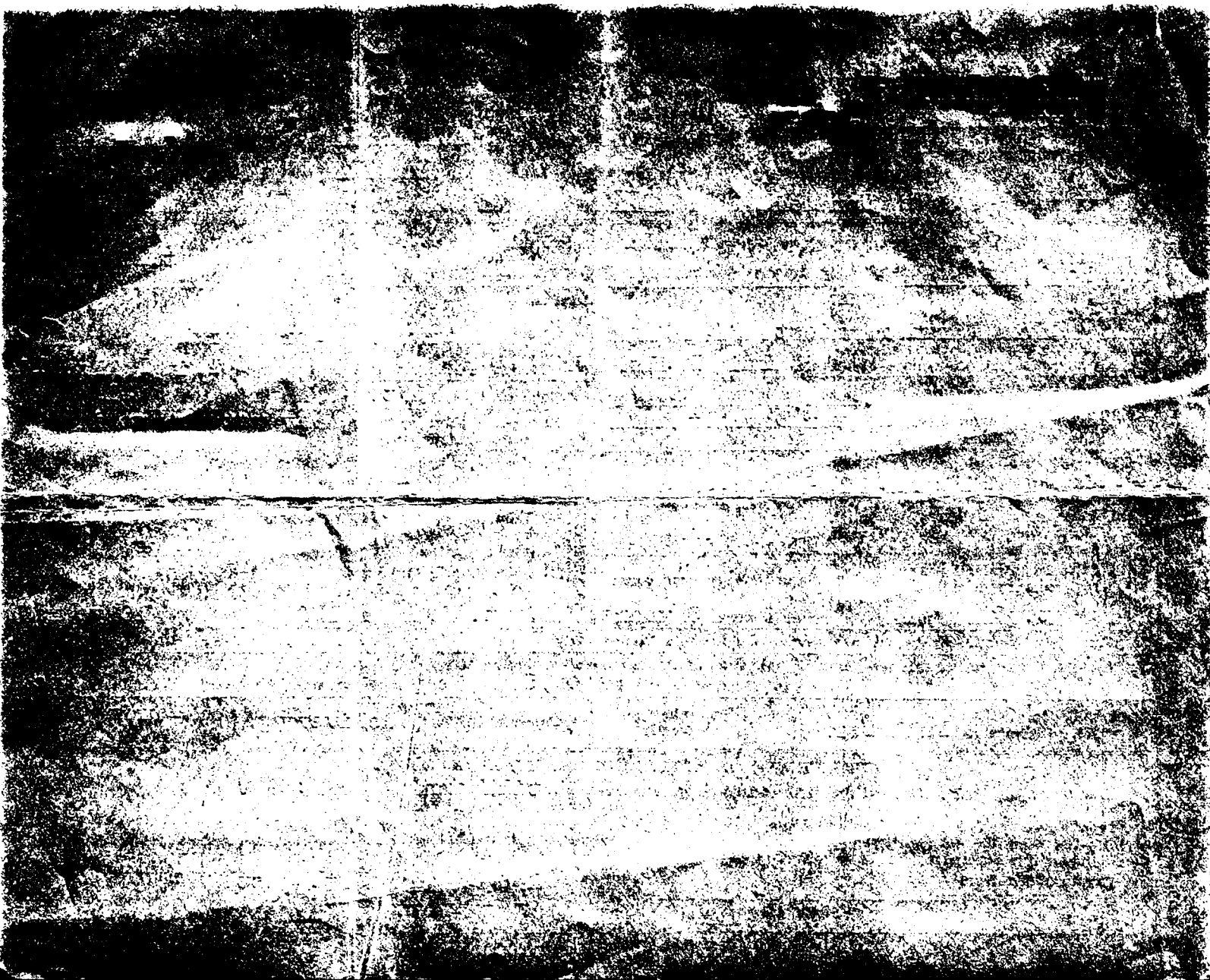
(Date of)

Registrar.

(Signed) E. E. Rees, M. D.

or 136 Shoshone St. East, Midwife
Address Twin Falls, Idaho

Filed 10, 1938 Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin Falls, Idaho
City of Twin Falls, Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH—

Registration District No. 37
Primary Registration District No. 2085

DO NOT WRITE IN THIS SPACE

State File No. 111095

Local Registrar's No. 164

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Unnamed Priest Baby Lavon

(a) Residence No. Route No. 2

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

Stillborn

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sent. 9/38

7. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, Idaho
(State or country) Route 2.

13. NAME LaVon Marnier Priest

14. BIRTHPLACE (city or town) Beaver Dam, Utah
(State or country)

15. MAIDEN NAME Tryphena Fornsworth

16. BIRTHPLACE (city or town) Evanston, Wyo.
(State or country)

17. INFORMANT Mr. Charles Barnes
(Address) Twin Falls, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Brigham, Utah Date 9/10/38 193__

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED 9/10/38 193__

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Sept 9 1938

22 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1938, to Sept 9, 1938

I last saw him alive Stillborn: death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

Child birth
Forceps Delivery

Date of onset Sept 9 1938

Other contributory causes of importance:

Name of operation Forceps Delivery Date of Sept 9 1938
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193__

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Dr. H. H. Rice M.D.

(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

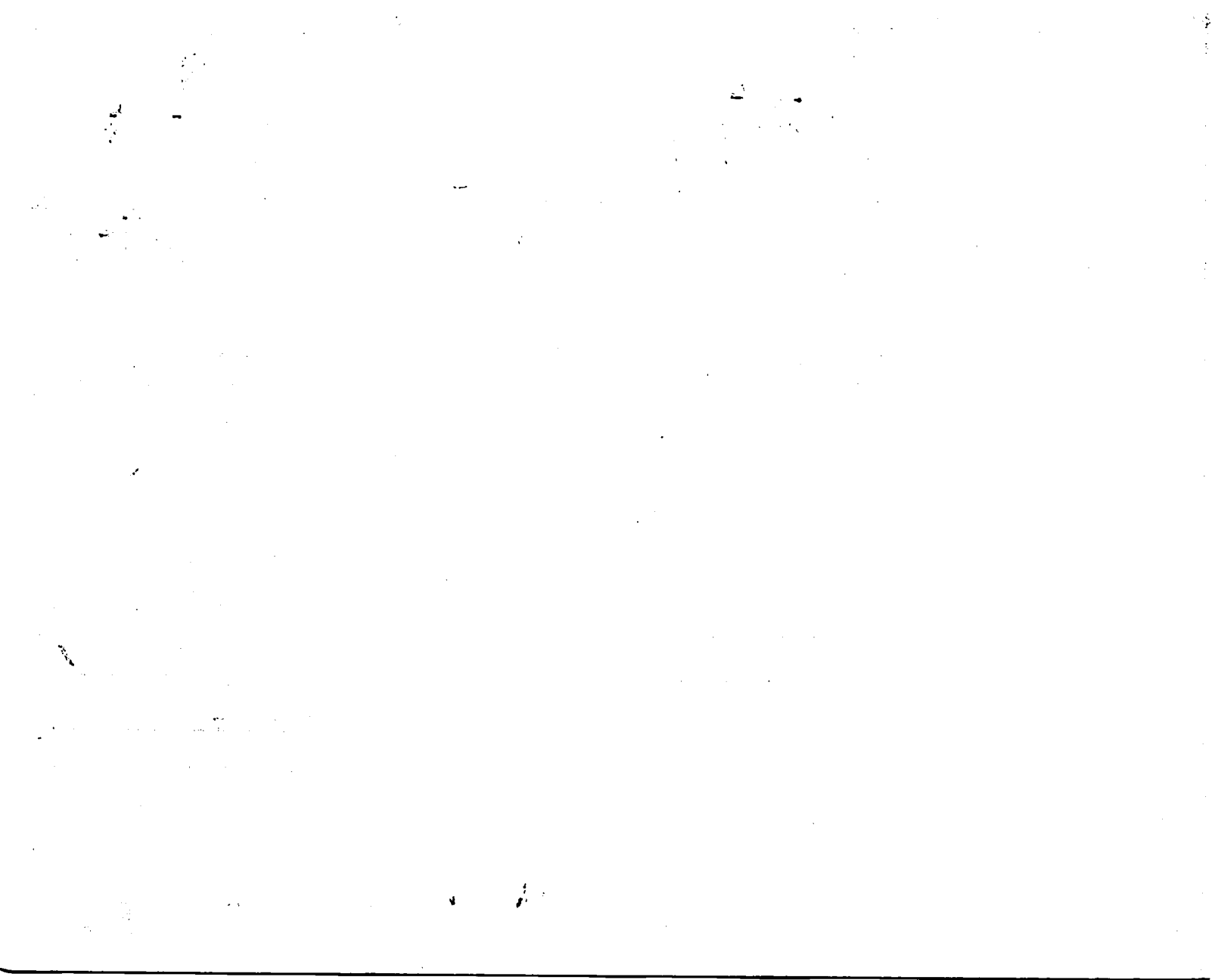
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Twin Falls</u> City of <u>Twin Falls</u> No. <u>Suburban Mat Home</u> - St. <u>OCT 13 1938</u> (If born in hospital or institution give name.) Registration District No. <u>37</u> State File No. <u>S 272253</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
2. FULL NAME OF CHILD <u>Eugene Dale Skelbourn</u>		Prim. Registration District No. <u>2085</u> Local Registrar's No. <u>614</u>	
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth.	6. Premature. <u>X</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>Sept 22 1938</u> (Month, Day, Year)			
9. Full name <u>Ernest Dale</u> FATHER		18. Full maiden name <u>Patsy Ruth Skinner</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Twin Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Route 3</u>	
11. Color or race <u>Wh</u> 12. Age at last birthday <u>20</u> (years)		20. Color or race <u>Wh</u> 21. Age at last birthday <u>19</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Long Beach City</u>		22. Birthplace (city or place) (State or Country) <u>Colorado</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bell. hkp</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Hawp</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Park Hotel</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work <u>Sept 1938</u>		25. Date (month and year) last engaged in this work <u>Sept 1938</u>	
17. Total time (years) spent in this work <u>1 1/2</u>		26. Total time (years) spent in this work <u>1 1/2</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { During labor <u>cord around neck</u> Before labor	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>7:35</u> m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.		(Signed) <u>Vald. B. F. Wendling</u> M. D. or _____ Midwife Address <u>228 Main St. S., Twin Falls</u> Filed <u>Oct 10 1938</u> _____ Registrar.	
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Twin FallsCity of Twin FallsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 37Primary Registration District No. 2085(No. Suburban Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

DO NOT WRITE IN THIS SPACE

State File No. 1110962. FULL NAME Eugene Dale(a) Residence No. R.F.D # 3

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----6. DATE OF BIRTH (month, day, and year) 9-22-19387. AGE Years 0 Months 0 Days 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Twin Falls
(State or country) Idaho13. NAME Ernest Dale14. BIRTHPLACE (city or town) Long Beach
(State or country) California15. MAIDEN NAME Ruth Skinner16. BIRTHPLACE (city or town) Lamar
(State or country) Colorado17. INFORMANT Ernest Dale
(Address) R.F.D. Twin Falls, Ida.18. BURIAL, CREMATION OR REMOVAL
Place Filer, Idaho Date 9-23, 193819. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho20. FILED 9/26, 1938 [Signature]

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 9-22-193822 I HEREBY CERTIFY, That I attended deceased from 9-22, 1938, to 9-22, 1938I last saw h. ----- alive on ----- 1938: death is said to have occurred on the date stated above, at ----- m.

The principal cause of death and related causes of importance were as follows:

Still-born -
Cord around
neck.

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? ----- If so, specify _____(Signed) V.B. Funderburg M. D.(Address) 228 Main Ave. S. Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson
Pocatello General Hospital St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dixie Lee Hiatt

3. Sex Female If plural { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature 8 mo 7. Legiti-
mate? Yes 8. Date of birth October 14 1938
(Month, Day, Year)

9. Full name FATHER
Lee Ellis Hiatt
10. Residence (usual place of abode)
(If non-resident, give place and State) 817 S. Harrison
11. Color or race W 12. Age at last birthday 24 (years)
13. Birthplace (city or place) Bodath, Idaho
(State or Country) Basa H

OCCUPATION 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Unemployed
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____
16. Date (month and year)
last engaged in this work September 15, 1938
17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER
Vada Verlin Gale
19. Residence (usual place of abode)
(If non-resident, give place and State) Same
20. Color or race W 21. Age at last birthday 16 (years)
22. Birthplace (city or place) Montecello, Utah
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own Home
25. Date (month and year)
last engaged in this work _____, 19____
26. Total time (years) spent
in this work 1 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn One

29. If stillborn, period of gestation 8th month { months or weeks
30. Cause of stillbirth { Before labor before and
prolapsed cord. During labor during labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still-born at 7:47 P.M. on the date above stated.

(Born Alive or Stillborn)

(Signed) William F Howard, M.D.

or _____ Midwife

Address Pocatello, Idaho

Filed 10-22, 1938

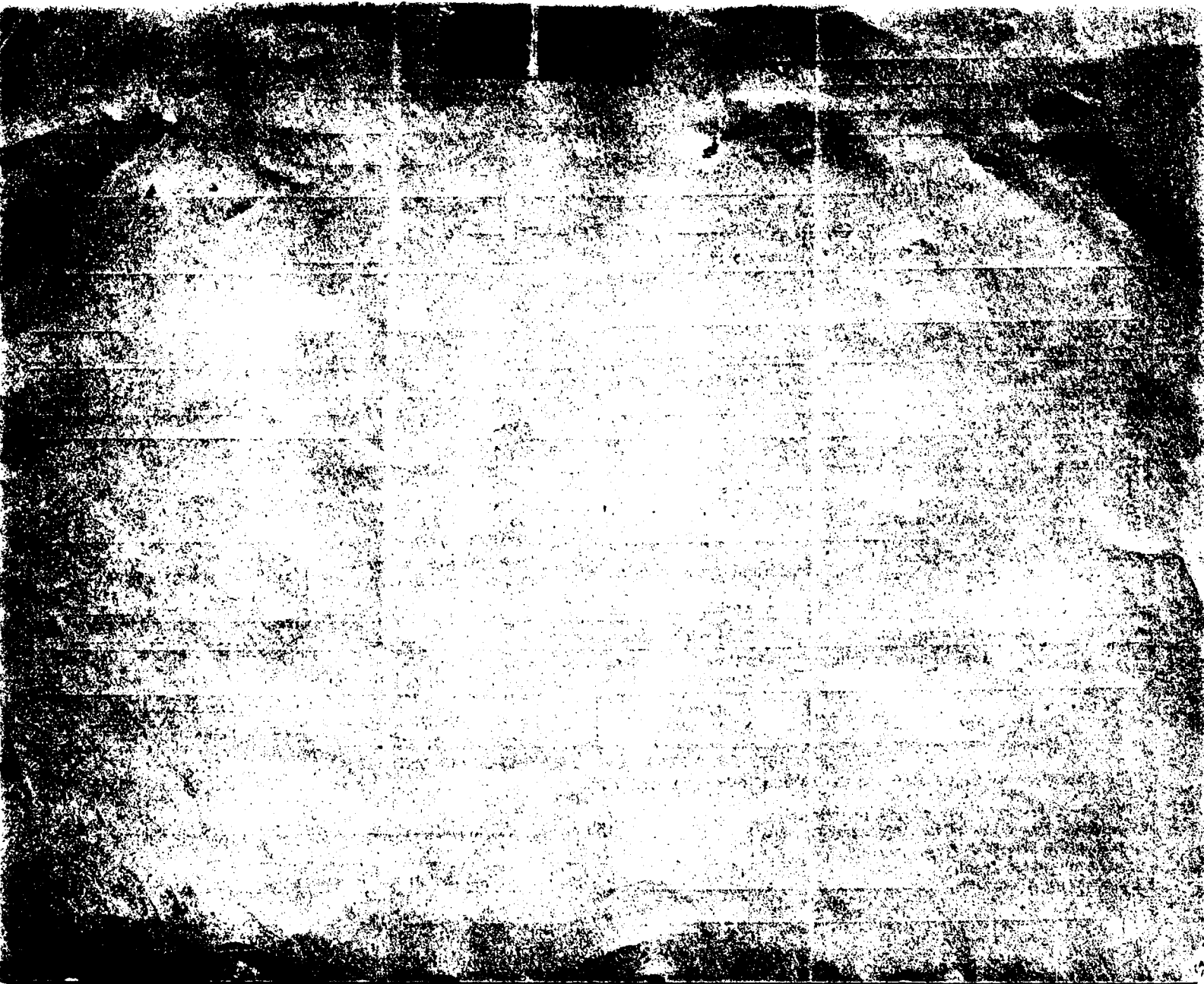
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Bannock		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 111460	
County of Pocatello		CERTIFICATE OF DEATH		State File No. _____	
City of _____		Registration District No. 28		Local Registrar's No. 197	
		Primary Registration District No. 2161			
		(No. Pocatello General Hospital)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME Dixie Lee Hiatt					
(a) Residence No. Pocatello, Idaho.		St. Pocatello, Idaho.			
(Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS.					
3. SEX Female		4. Color or Race White		5. Single, Married, Widowed or Divorced (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, year) October 14, 1938.					
7. AGE Years 0		Months 0		Days 0	
				If LESS than 1 day ____ hrs. or ____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		None		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Infant		
	10. Date deceased last worked at this occupation (mo. and yr.) _____		11. Total time (years) spent in this occupation _____		
	12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.				
MOTHER FATHER	13. NAME Lee Ellis Hiatt				
	14. BIRTHPLACE (city or town) Basalt, (State or country) Idaho.				
	15. MAIDEN NAME Vada Verlin Gale				
	16. BIRTHPLACE (city or town) Monticello, (State or country) Utah.				
17. INFORMANT Lee Ellis Hiatt (Address) Pocatello, Idaho.					
18. BURIAL, CREMATION OR REMOVAL Place Blackfoot, Idaho. Date Oct. 14, 1938.					
19. UNDERTAKER Arthur W. Hall Mortuary (Address) Pocatello, Idaho.					
20. FILED Oct. 14, 1938. O. C. Ray Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, year) October 14, 1938.					
22 I HEREBY CERTIFY That I attended deceased from Oct 14, 1938 to _____, 193____.					
I last saw h. Stilborn 193____: death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
					Date of onset
Protracted card Antibiotic card					10/14/38
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? Inspection as there an autopsy? no					
23. If death was due to exter'l causes (violence) fill in also the following:					
Accident, suicide, or homicide? _____ Date of injury _____, 193____.					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury _____					
Nature of injury _____					
24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____					
(Signed) William T. Howard , M. D. (Address) Pocatello, Idaho.					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

26

1. PLACE OF BIRTH
County of Bingham
City of St. George
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 234

2. FULL NAME OF CHILD Still Born

3. Sex <u>Male</u>	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>9-1-1938</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name <u>John Clarence Davis</u>	FATHER	18. Full maiden name <u>Gladys Morris</u>	MOTHER
10. Residence (usual place of abode) <u>Woodgate</u> (If non-resident, give place and State) <u>Idaho</u>		19. Residence (usual place of abode) <u>Woodgate</u> (If non-resident, give place and State) <u>Idaho</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) <u>Roswell Utah</u> (State or Country)		22. Birthplace (city or place) <u>Woodgate</u> (State or Country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>On the farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>At home</u>	
16. Date (month and year) last engaged in this work <u>8-1-1938</u>	17. Total time (years) spent in this work <u>3 yrs</u>	25. Date (month and year) last engaged in this work <u>9-1-1938</u>	26. Total time (years) spent in this work <u>10 yrs</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 months { months _____ or weeks _____

30. Cause of stillbirth Stillborn { Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:30 m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Edwin Carter _____, M. D.

or Box 86 _____, Midwife

Address Stettin Idaho

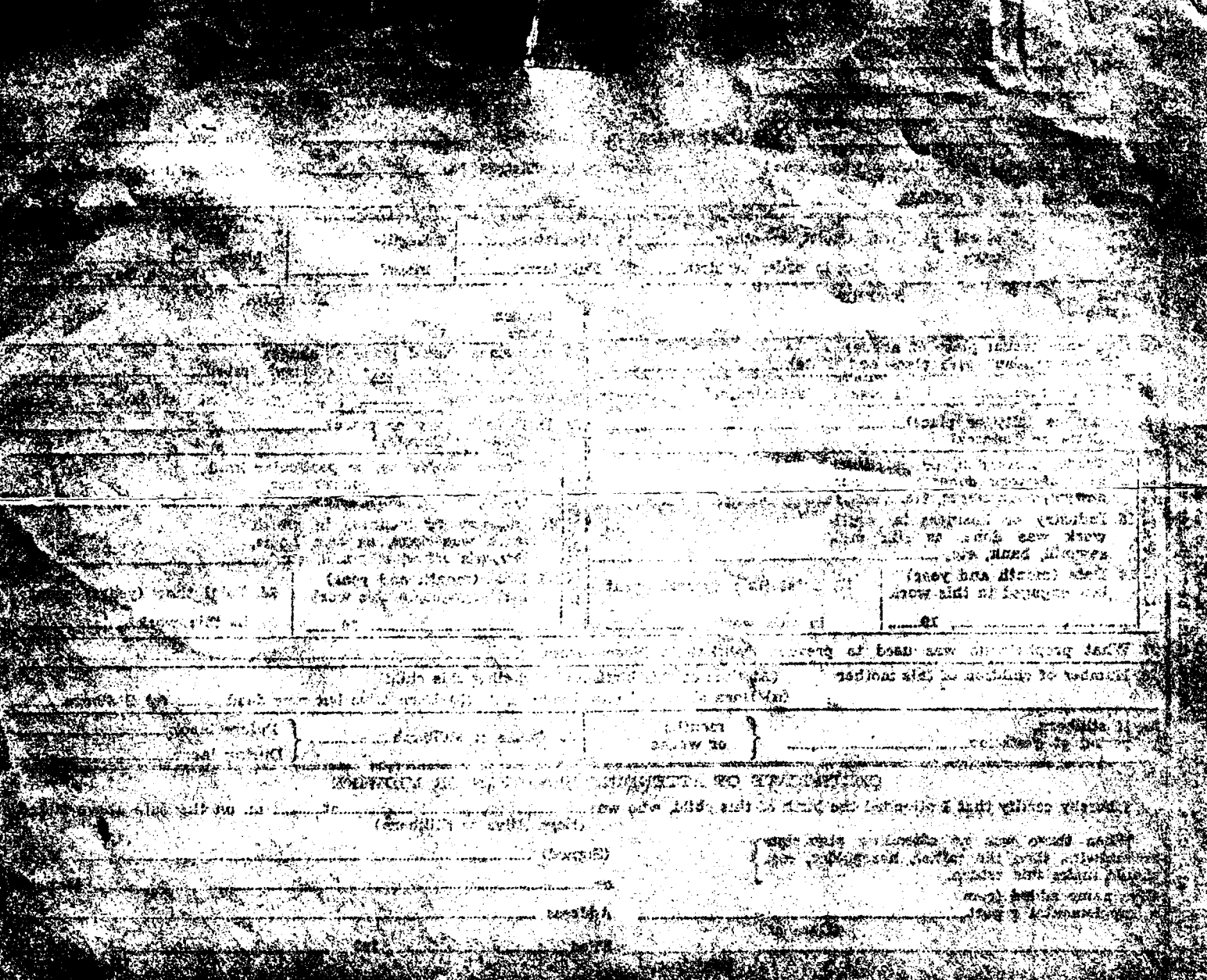
Filed Sept. 7, 1938 Wm. H. Davis Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____



Page 1

Page 1

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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE
County of <u>Bingham</u>		Registration District No. <u>121</u>		State File No. <u>111461</u>
City of <u>Woodville</u>		Primary Registration District No. <u>2194</u>		
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number)		Local Registrar's No. <u>121</u>		
2. FULL NAME <u>Baby Dams</u>				
(a) Residence. No. _____ (Usual place of abode) <u>Woodville Id.</u>				
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced, (write the word) <u>Stillborn</u>		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>9-1-38</u>				
7. AGE Years _____ Months <u>8 months gestation</u> Days _____ If LESS than 1 day _____ hrs. _____ min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stillborn</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stillborn</u>			
	10. Date deceased last worked at this occupation (mo. and yr.) _____			
	11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) <u>Woodville</u> (State or country) _____				
MOTHER FATHER	13. NAME <u>John Charles Davis</u>			
	14. BIRTHPLACE (city or town) <u>Roseburg</u> (State or country) <u>Ore.</u>			
	15. MAIDEN NAME <u>Gladys Morris</u>			
	16. BIRTHPLACE (city or town) <u>Woodville</u> (State or country) <u>Idaho</u>			
17. INFORMANT <u>Mrs. Ed Morris</u> (Address) <u>Woodville</u>				
18. BURIAL, CREMATION OR REMOVAL Place <u>Woodville</u> Date <u>9-1-</u> , 193 <u>8</u>				
19. UNDERTAKER _____ (Address) _____				
20. FILED <u>Sept 20, 1938</u> <u>Mrs. Helen E. Davis</u> Registrar. (Address) _____				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day and year) <u>9-1-1938</u>				
22. I HEREBY CERTIFY, That I attended deceased from <u>Birth</u> , 193 <u>8</u> , to <u>9-1-</u> , 193 <u>8</u>				
I last saw him alive on _____, 19 <u>38</u> death is said to have occurred on the date stated above, at <u>2:00</u> m.				
The principal cause of death and related causes of importance were as follows: <u>Rephritis of mother.</u> <u>about 1 month duration</u>				
Other contributory causes of importance: _____				
Name of operation _____ Date of _____				
What test confirmed diagnosis? _____ Was there an autopsy? _____				
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>8</u>				
Where did injury occur? _____ (Specify city or town, county, and state)				
Specify whether injury occurred in industry, in home, or in public place. _____				
Manner of injury _____				
Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> . If so, specify _____				
(Signed) <u>Edmund Chelberg</u> M. D. (Address) <u>Shelby Id.</u>				

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Maine
City of Hailey
No. _____ St. _____
Hailey Clinical Hospital
(If born in hospital or institution give name.)

NOV - 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 273236

Registration District No. 57 State File No. _____
Prim. Registration District No. 2022 Local Registrar's No. 77

2. FULL NAME OF CHILD McMONIGLE

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth Oct. 25 1938
(Month, Day, Year)
5. Number, in order of birth _____ Full term Yes

9. Full name FATHER HUGH McMONIGLE 18. Full maiden name MOTHER BERNADETTE LeBAILEY

10. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Hailey, Idaho

11. Color or race White 12. Age at last birthday 35 (years) 20. Color or race White 21. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) Hailey, Idaho 22. Birthplace (city or place) (State or Country) Pocatello, Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer - stock raiser 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work Oct. 25 1938 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work Oct. 20 1938 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 2%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation 9 months { months or weeks _____ 30. Cause of Stillbirth { During labor Breach presentation
Before labor Atelactosis

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 ³⁰ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

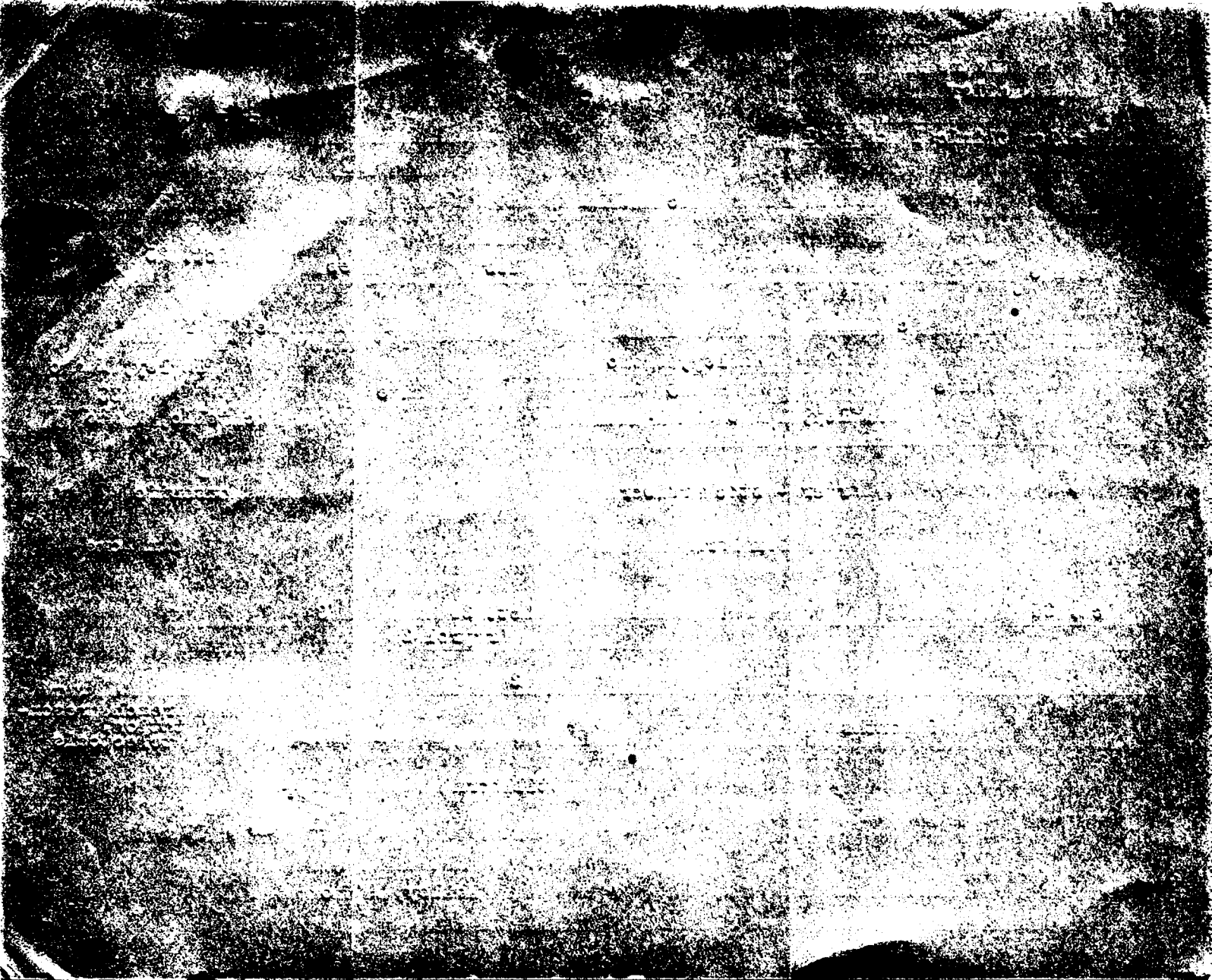
(Signed) E. W. Fox M. D.

or _____, Midwife

Address Hailey, Idaho

Filed 11 - 4 1938 Robert H. Wright

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Blaine</u>	City of <u>Hailey</u>	CERTIFICATE OF DEATH		State File No. <u>111462</u>	
Registration District No. <u>51</u>		Primary Registration District No. <u>2022</u>		Local Registrar's No. <u>51</u>	
(No. <u>Hailey Clinical Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number.)			
2. FULL NAME <u>Mc Monigle Baby</u>					
(a) Residence. No.		St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>infant</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE Years <u>Stillborn</u>	Months	Days	If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) <u>Hailey, Ida</u> (State or country)					
13. NAME <u>Hugh McMonigle</u>					
14. BIRTHPLACE (city or town) <u>Hailey</u> (State or country)					
15. MAIDEN NAME <u>Bernardette Bailey</u>					
16. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>					
17. INFORMANT <u>Hugh McMonigle</u> (Address) <u>Hailey, Idaho</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hailey Cemetery</u> Date <u>10-26</u> 193 <u>8</u>					
19. UNDERTAKER <u>Ray McGoldrick</u> (Address) <u>Hailey, Idaho</u>					
20. FILED <u>11-1</u> , 193 <u>8</u> <u>Robert H. Wright</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>10-25-1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>10/25</u> , 193 <u>8</u> , to <u>10-25</u> , 193 <u>8</u>					
I last saw h. — alive <u>Stephen</u> , 193 <u>8</u> ; death is said to have occurred on the date stated above, at <u>11 P.</u> m.					
The principal cause of death and related causes of importance were as follows: <u>Brain Pneumonia</u>					
Other contributory causes of importance:					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? Date of injury 193 <u>8</u>					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>E. W. Fox</u> , M. D. (Signed) <u>Hailey, Idaho</u> (Address)					

RECEIVED
NOV - 5 1938

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

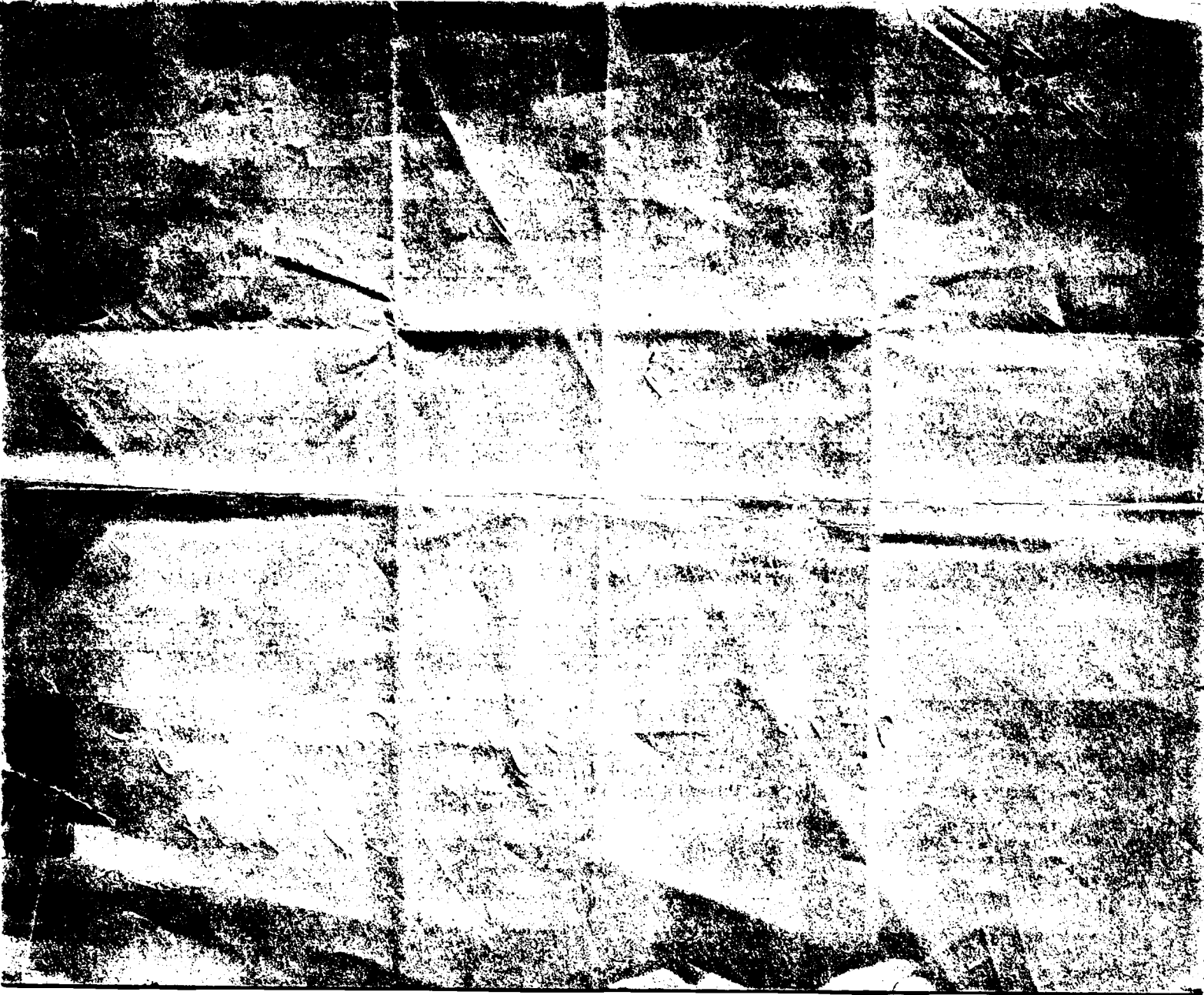
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bonneville</u> City of <u>Idaho Falls Idaho</u> No. <u>Myers Hospital</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS AUG 15 1938 NOV CERTIFICATE OF BIRTH 273237 Registration District No. <u>73</u> State File No. _____ Prim. Registration District No. <u>214-0</u> Local Registrar's No. <u>474</u>	
2. FULL NAME OF CHILD <u>Stillbirth</u>			
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Legiti- Full term <u>no</u> mate? <u>yes</u>	8. Date of birth <u>July 30, 1938</u> (Month, Day, Year)
9. Full name FATHER <u>Normington L. Cook</u>		18. Full maiden name MOTHER <u>Emma Margaret Stillman</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>the City</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>R15 City</u>	
11. Color or race <u>white</u> 12. Age at last birthday <u>27</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>22</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Murray Utah</u>		22. Birthplace (city or place) (State or Country) <u>Idaho Falls City Utah</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work		
	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work		
	26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>20% Argrol</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>7-7 1/2</u> { months or weeks		30. Cause of Stillbirth <u>Placental Insufficiency</u> { During labor _____ Before labor <u>yes 2 days</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11:10</u> A. M. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____ Registrar.			
(Signed) _____, M. D. or _____, Midwife Address <u>Idaho Falls</u> Filed <u>Aug 15 1938</u> Registrar.			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonneville
City of Idaho Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 73

Primary Registration District No. 2150

DO NOT WRITE IN THIS SPACE

111464

State File No.

Local Registrar's No. 229

(No. L.D.S. Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME - Infant - Still-birth - Cook

(a) Residence No. Idaho Falls, Idaho - R.F.D. 5 St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) —

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 3, 1938

7. AGE Years Months Days 1 day If LESS than 1 day — hrs. or — min.

Still-Birth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Idaho Falls
(State or country) Idaho

13. NAME Normington T. Cook

14. BIRTHPLACE (city or town) Murray, Utah
(State or country)

15. MAIDEN NAME Trma Margaret Stillman

16. BIRTHPLACE (city or town) Salt Lake City
(State or country) Utah

17. INFORMANT
(Address)

18. ~~BURIAL~~, CREMATION OR REMOVAL
Place Idaho Falls Date 7/31, 1938

19. UNDERTAKER None
(Address)

20. FILE —, 1938
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) July 30 1938

22 I HEREBY CERTIFY, That I attended deceased from July 30 1938 to July 30 1938

I last saw her alive on July 30 1938: death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Prematurity (7mo.)

Nephritic toxemia

Date of onset

Before 7/28/38

Other contributory causes of importance:

Bicornate uterus
congenital of mother

Life

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24 Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) —, M. D.
(Address) Idaho Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Idaho Falls
No. L.D.I. Hospital St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 73 State File No. 273238
Prim. Registration District No. 2150 Local Registrar's No. 679

2. FULL NAME OF CHILD Stillbirth Gilstrap

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes Legitimate? yes 7. Date of birth 10-7 1938
(Month, Day, Year)

9. Full name FATHER Sam Lehar Gilstrap

10. Residence (usual place of abode) (If non-resident, give place and State) Richby Idaho

11. Color or race white 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Cleveland Georgia

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work Sept 1938 17. Total time (years) spent in this work 7

18. Full maiden name MOTHER Alice Ruth Gilstrap

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Falls

20. Color or race white 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Idaho Falls Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Oct 1938 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 8 1/2 { months or weeks _____ 30. Cause of Stillbirth not determined { During labor _____ Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:50 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Willie, M. D.

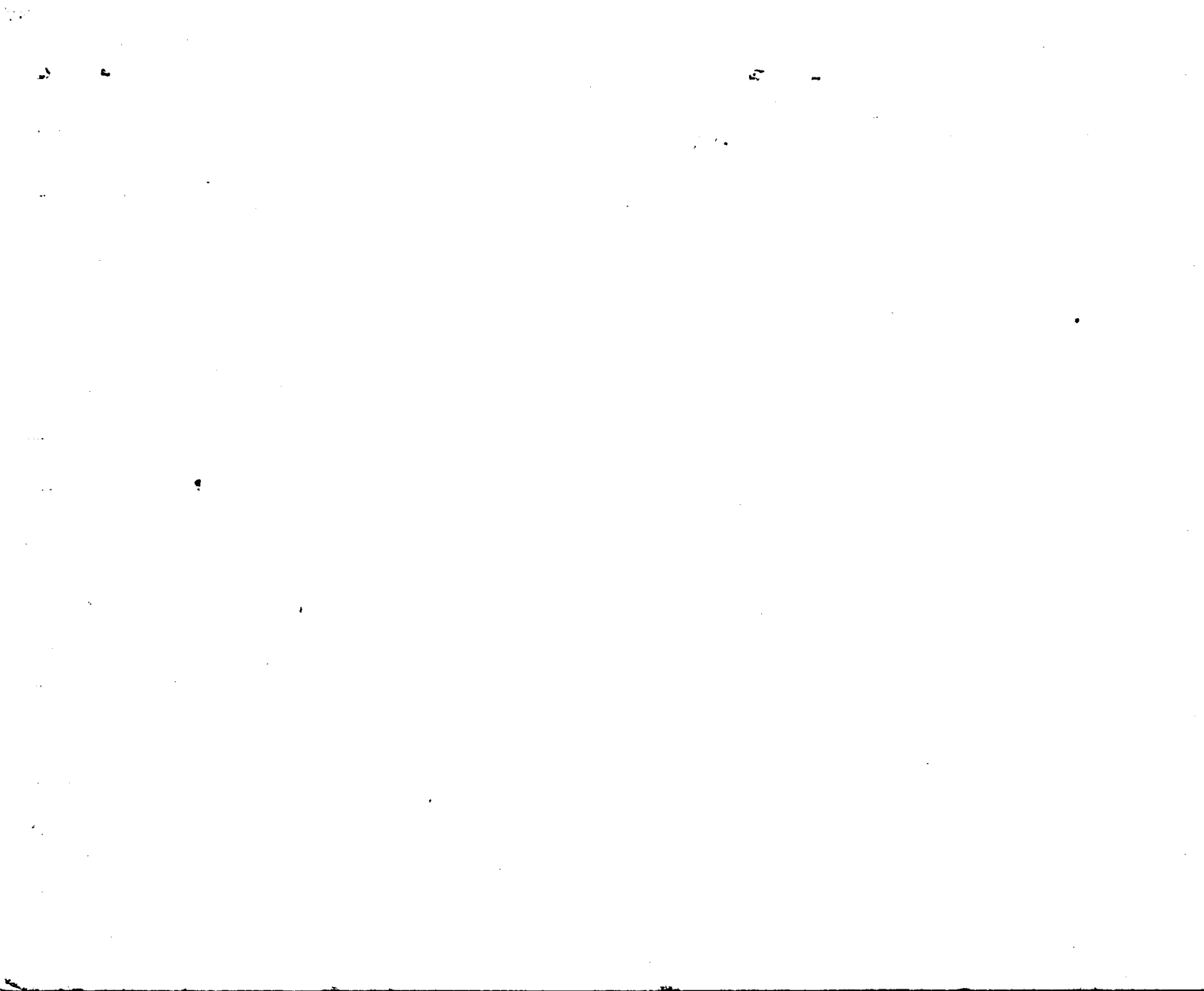
or _____, Midwife

Address Idaho Falls, Idaho

Filed Oct 11 1938 C. G. Hammond

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
County of <u>Bonneville</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
Registration District No. <u>73</u>		State File No. <u>111465</u>	
Primary Registration District No. <u>214-D</u>		Local Registrar's No. <u>234</u>	
(No. <u>60 LDS Hosp.</u>)			
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stillbirth Gibstrap</u>		St. <u>R. 2nd R# 1</u>	
(a) Residence No. _____		(If nonresident give city or town and state)	
(Usual place of abode)			
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
<u>Stillbirth</u>			
			If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last worked at this occupation (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>			
13. NAME <u>Sam Leaborn Gibstrap</u>			
14. BIRTHPLACE (city or town) <u>Cleveland</u> (State or country) <u>Georgia</u>			
15. MAIDEN NAME <u>Alice Ruth Gibstrap</u>			
16. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>			
17. INFORMANT <u>Alice Gibstrap</u> (Address) <u>Ruby Oak</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>First Hill Cem.</u> Date <u>Oct. 8, 1938</u>			
19. UNDERTAKER <u>McElwain Funeral Home</u> (Address) <u>Idaho Falls</u>			
20. FILED <u>Oct 11, 1938</u>		Registrar.	
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day, year) <u>Oct 7, 1938</u>			
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.			
I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>Premature birth</u>			Date of onset
Other contributory causes of importance:			
<u>Unable to determine Cause</u>			
Name of operation _____		Date of _____	
What test confirmed diagnosis? _____		Was there an autopsy? _____	
23. If death was due to exter'l causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 193____.			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>Edith C. Clegg</u>		M. D.	
(Address) <u>Idaho Falls, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Bonneville</u> City of <u>Idaho Falls</u> No. <u>Idaho Falls L.S. Shop</u> St. <u></u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S273239	
(If born in hospital or institution give name)		Registration District No. <u>73</u>	State File No. <u></u>
2. FULL NAME OF CHILD <u>Still birth</u>		Prim. Registration District No. <u>2150</u>	Local Registrar's No. <u>705</u>
3. Sex <u>Boy</u>	If plural births { 4. Twin, triplet, or other. <u></u> 5. Number, in order of birth <u></u>	6. Premature <u></u> Full term <u>yes</u>	7. Legitimate? <u>yes</u>
9. Full name FATHER <u>Gailey, Mr. Gordon Clarence</u>		18. Full maiden name MOTHER <u>Kelly, Bertha</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>1501 Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>same</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>48</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>48</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Kaysville, Utah</u>		22. Birthplace (city or place) (State or Country) <u>Lincoln, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Own business</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>October, 1938</u>		25. Date (month and year) last engaged in this work <u>October, 1938</u>
17. Total time (years) spent in this work <u>20</u>		26. Total time (years) spent in this work <u>20 yrs.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u></u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of Stillbirth { During labor <u>Premature separation of placenta</u> Before labor <u></u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Still born</u> at <u>3:15 p.m.</u> on the date above stated. (Born alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>[Signature]</u> , M. D.	
Give name added from a supplemental report		or <u>Idaho Falls</u> , Midwife	
(Date of)		Address <u></u>	
Registrar.		Filed <u>Oct 22</u> , 193 <u>8</u> <u>[Signature]</u> Registrar.	

1994

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of BonanzaCity of Idaho FallsSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 10Primary Registration District No. 210-6(No. 102 Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Gailley

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Boy4. Color or Race White5. Single, Married, Widowed or Divorced (write the word) —5a. Not married, widowed, or divorcedHUSBAND of
(or) WIFE ofInfant6. DATE OF BIRTH (month, day, and year) 10-21-38

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Santa Fe, N. M.
(State or country)13. NAME Gordon Clarence Gailley14. BIRTHPLACE (city or town) Kaysville, Utah
(State or country)15. MAIDEN NAME Bertha Kelly16. BIRTHPLACE (city or town) Idaho Falls, Idaho
(State or country)17. INFORMANT
(Address) M. Gailley

18. BURIAL, CREMATION OR REMOVAL

Place Idaho Falls, Idaho Date Oct 22, 193819. UNDERTAKER —
(Address)20. FILE NO. Oct 22, 1938Registrar G. J. Quinn

DO NOT WRITE IN THIS SPACE

State File No. _____

111466

Local Registrar's No. 242

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10/21/193822 I HEREBY CERTIFY, That I attended deceased from 10/21/1938, to Oct 21, 1938I last saw him alive on 10/21/1938; death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia due to premature separation of Placenta 10/21/38

Date of onset

Other contributory causes of importance:

Auto Accident about 6 months agoName of operation Normal Delivery Date of 10/21/38What test confirmed diagnosis? Chinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193_____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? — If so specify _____(Signed) G. J. Quinn(Address) Idaho Falls

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: **Date of onset**

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

[illegible]

ALL INFORMATION PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a separate return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

NOV - 9 1938

CERTIFICATE OF BIRTH **S-273240**

1. PLACE OF BIRTH
County of Idaho
City of Burley
No. Carriage Hospital
(If born in hospital or institution give name.)

Registration District No. 117 State File No. _____
Prim. Registration District No. 2196 Local Registrar's No. 283

2. FULL NAME OF CHILD

Lala Lopez

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth 10 23 1938
(Month, Day, Year)

9. Full name FATHER Luis Lopez 18. Full maiden name MOTHER Adela Idolo

10. Residence (usual place of abode) (If non-resident, give place and State) Burley Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Burley Idaho

11. Color or race Basque 12. Age at last birthday 27 (years) 20. Color or race Basque 21. Age at last birthday 18 (years)

13. Birthplace (city or place) (State or Country) Meriden Idaho 22. Birthplace (city or place) (State or Country) Burley Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

OCCUPATION 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Labor 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

OCCUPATION 16. Date (month and year) last engaged in this work Nov 19 17. Total time (years) spent in this work 10 yrs 25. Date (month and year) last engaged in this work Nov 19 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

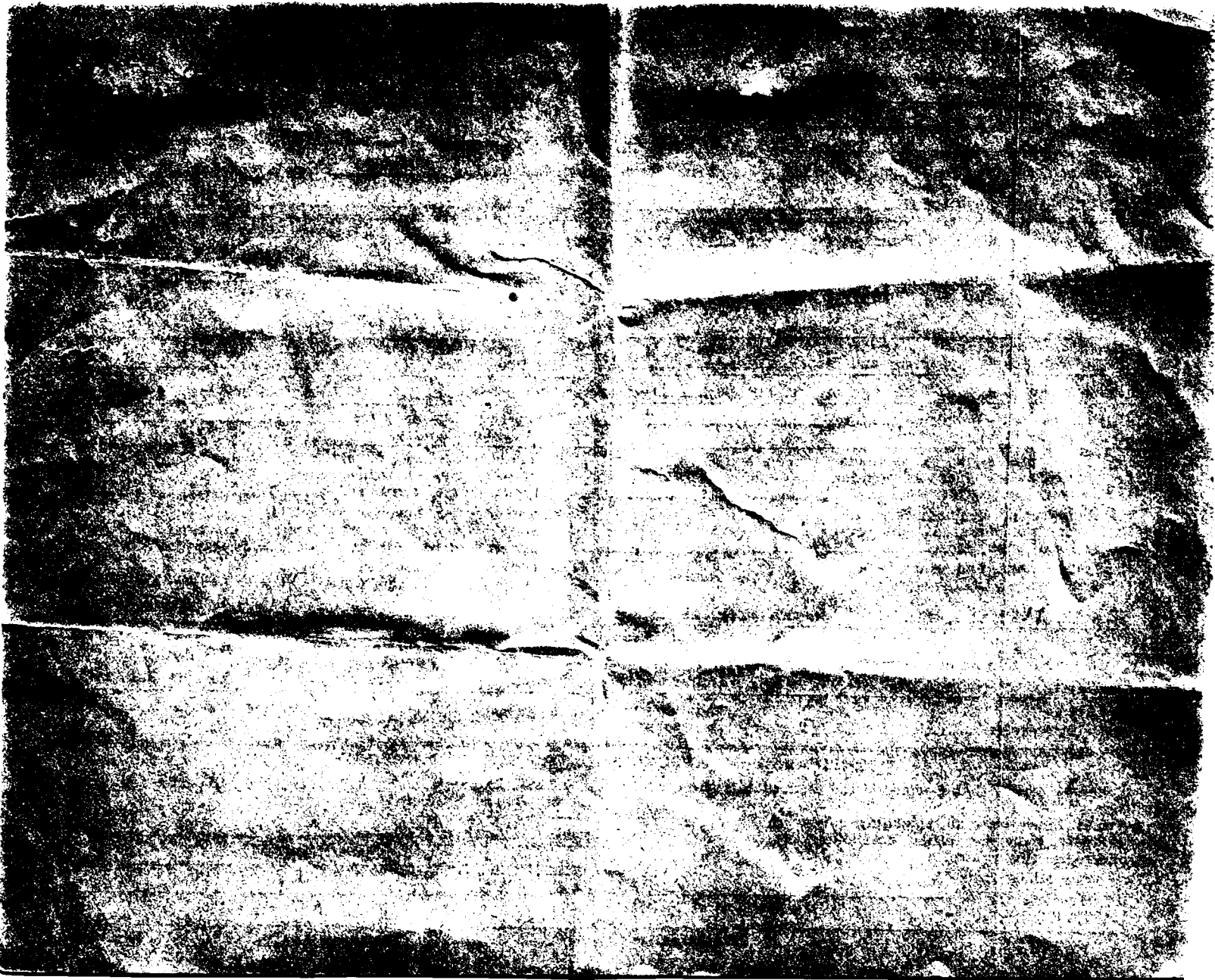
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth Toxemia During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9 45 P. M. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Address Burley Idaho
Filed Nov 7 1938 Laura G Spracher Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

RECEIVED

NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Lola Lopez(a) Residence No. Burley Idaho St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race Basque 5. Single, Married, Widowed or Divorced (write the word) Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 10-23-1938

7. AGE Years _____ Months _____ Days _____
If LESS than 1 day _____ hrs. _____ min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

13. NAME Lewis Lopez

14. BIRTHPLACE (city or town) Meridian
(State or country) Idaho

15. MAIDEN NAME Lola Idoeta

16. BIRTHPLACE (city or town) Burley
(State or country) Idaho

17. INFORMANT Lewis Lopez
(Address) Burley Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Burley Ida. Date 10-26-1938

19. UNDERTAKER Wm. B. McFulloch
(Address) Burley Idaho

20. FILED 10-24, 1938 Laura S. Spracher
Registrar.

DO NOT WRITE IN THIS SPACE

111467

State File No. _____

Local Registrar's No. 87

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 10-23-1938

22 I HEREBY CERTIFY, That I attended deceased from
10-23, 1938, to 10-23, 1938.

I last saw him at home 10-23-1938: death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Stillborn
4 mo. gestation

Date of onset

10-23-38

Other contributory causes of importance:

Exhaustion
from labor
distress

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) L. M. Kelly, M. D.(Address) Burley Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Boise
City of Boise
No. Boise Hosp. St.
(If born in hospital or institution give name.)

RECEIVED
NOV - 9 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S

Registration District No. 117 State File No. 273241
Prim. Registration District No. 2196 Local Registrar's No. 274

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other. 6mo 6. Premature 6mo 7. Legitimate? yes 8. Date of birth 7-2-1938 (Month, Day, Year)

9. Full name Neo Brown FATHER 18. Full maiden name Ida Haggel MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Boise Idaho

11. Color or race W 12. Age at last birthday 32 (years) 20. Color or race W 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Boise Utah 22. Birthplace (city or place) (State or Country) Boise Idaho

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laboren 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work now 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work now 26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 80 { months or weeks 30. Cause of Stillbirth Asphyxia { During labor ✓ Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 1/2 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) Ida Haggel, M. D.

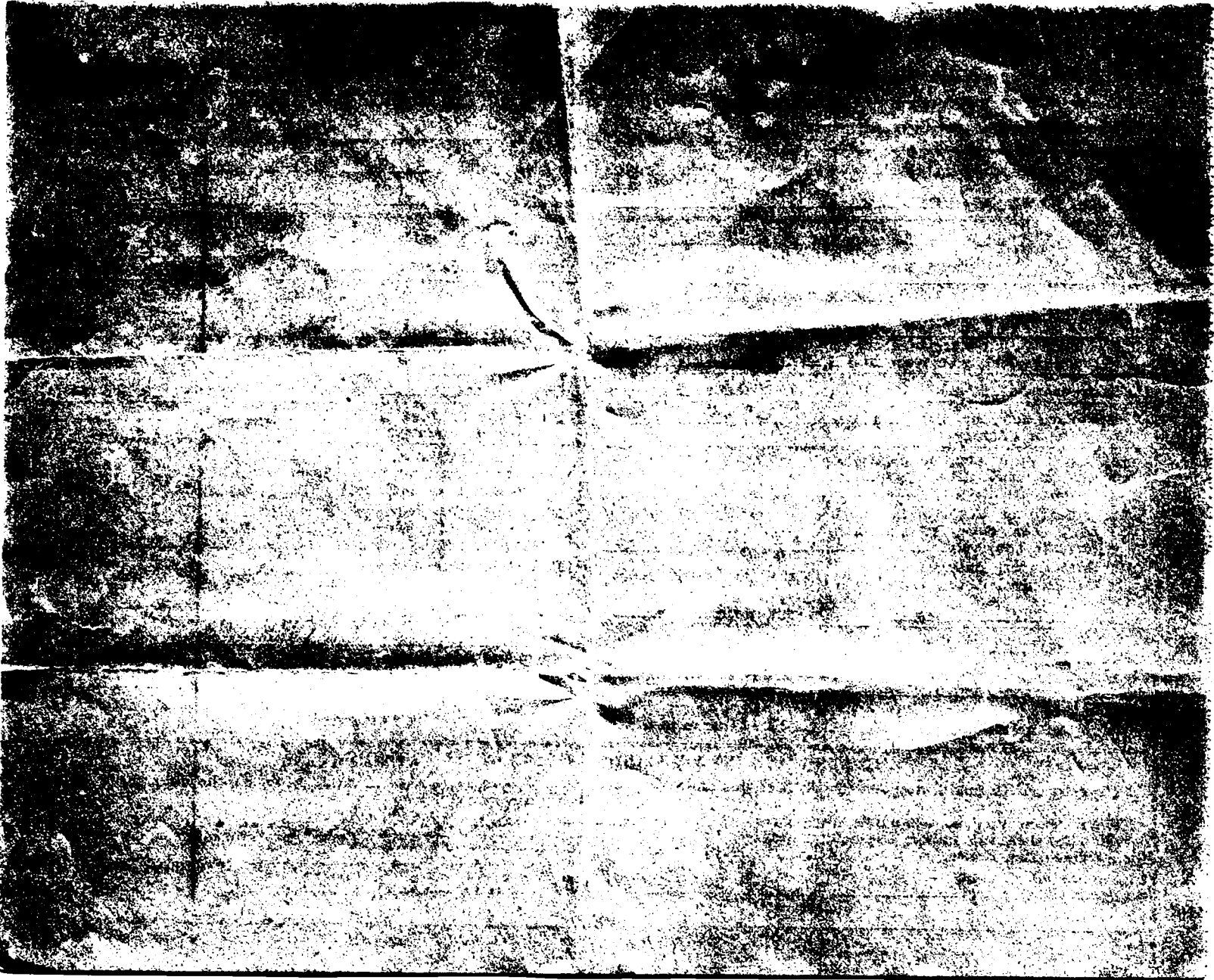
or , Midwife

Address Boise Idaho

Filed Oct 20 1938 Laura J Spracker

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of CANBY
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111463

8661 6 - NOV 9 1938

Registration District No. 117Primary Registration District No. 2196Local Registrar's No. 63

RECEIVED

(No. College Hospital)
Death occurred in a hospital or institution, give its name instead of street and number

2. FULL NAME Leo Lewis Brown(a) Residence No. Burley, Id.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX M 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Self Buried

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Self Buried6. DATE OF BIRTH (month, day, and year) 8-2-38

7. AGE Years Months Days
If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Self Buried

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Burley, Id.
(State or country)

13. NAME Leo Lewis Brown

14. BIRTHPLACE (city or town) Idaho - U.S.
(State or country)

15. MAIDEN NAME Ida Huggins Brown

16. BIRTHPLACE (city or town) Burley, Id.
(State or country)

17. INFORMANT Leo Lewis Brown
(Address) Burley

18. BURIAL, CREMATION OR DISPOSAL
Place Burley Date 8-3, 1938

19. UNDERTAKER Ida Huggins Brown
(Address) Burley, Id.

20. FILED Aug 3, 1938Ida Huggins BrownIda Huggins Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 8/3 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 3, 1938, to Aug 3, 1938.

I last saw him live on Aug 3, 1938; death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

Infarct Myocard

Date of onset

Other contributory causes of importance:

Name of operation none Date of Aug 3
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury Aug 3, 1938.

Where did injury occur? Burley, Id.
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24 Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Ida Huggins Brown M. D.(Address) Burley, Id.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

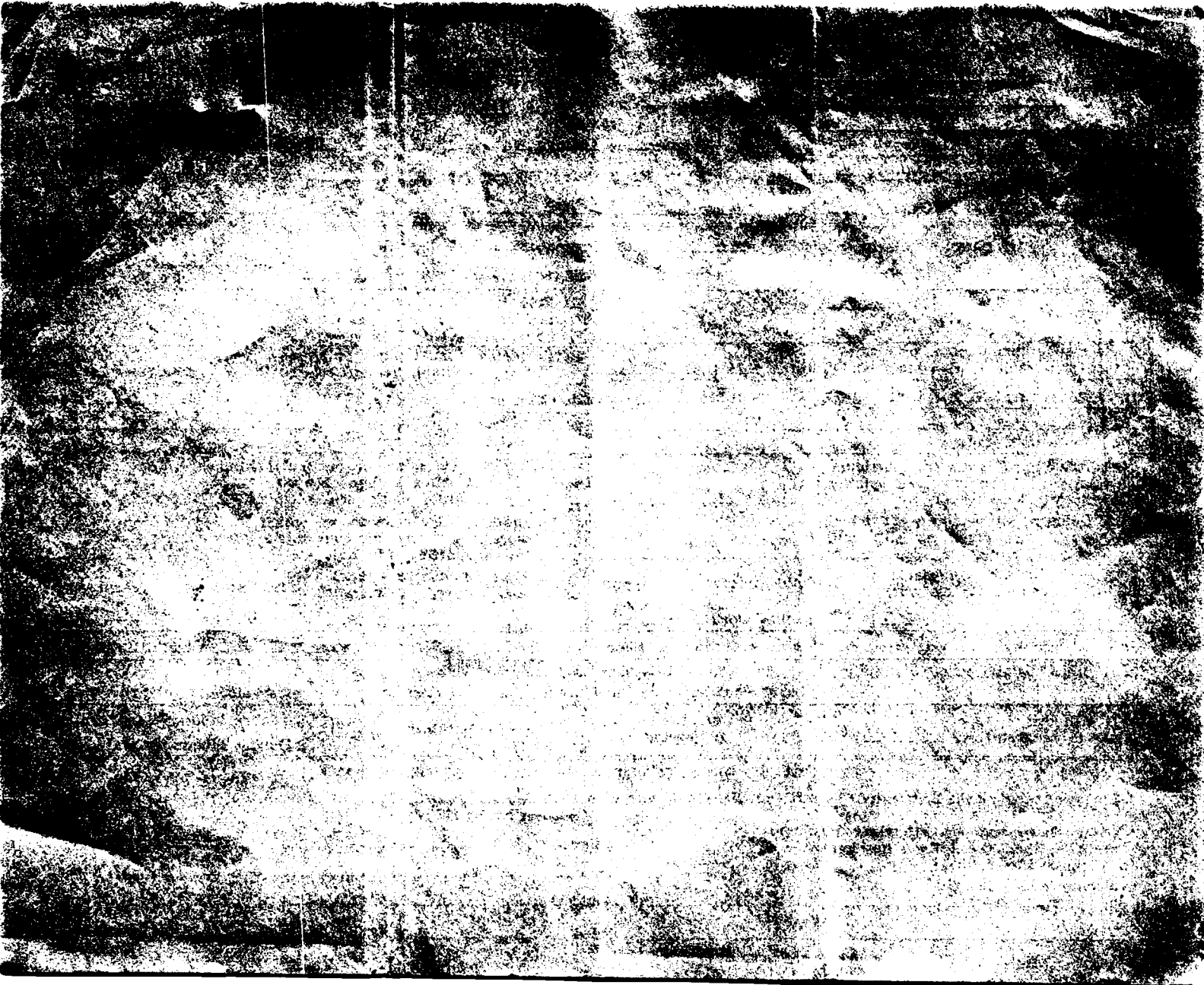
3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth—A Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S ⁶² 1938	
County of <u>Clearwater</u>		Prinip Fac -		Version 8		Bureau of Vital Statistics		273242	
City of <u>Proffins Idaho</u>		Dorcep -		NOV -		CERTIFICATE OF BIRTH			
No. <u>Burns Hoag</u> St.		Registration District No. <u>90</u>		State File No. <u>131</u>					
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2187</u>		Local Registrar's No. <u>131</u>					
2. FULL NAME OF CHILD <u>Diane Margaret</u>		(Stillborn)		<u>Hellon</u>					
3. Sex <u>female</u>		If plural births { 4. Twin, triplet, or other. <u>no</u>		5. Premature <u>no</u>		6. Legiti- mate? <u>yes</u>		7. Date of birth <u>October 22, 1938</u> (Month, Day, Year)	
8. Full name <u>James Hard Hellon</u>		FATHER		18. Full maiden name <u>Ma Louise Frytag</u>		MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Southwestern</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Southwestern Ida</u>		20. Color or race <u>white</u>		21. Age at last birthday <u>28</u> (years)			
11. Color or race <u>white</u>		12. Age at last birthday <u>32</u> (years)		22. Birthplace (city or place) (State or Country) <u>Grants Falls Tex</u>		23. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Laborer</u>			
14. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. <u>Laborer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u>		16. Date (month and year) last engaged in this work <u>10-22, 1938</u>		17. Total time (years) spent in this work <u>3 Summers</u>			
18. Date (month and year) last engaged in this work <u>10-22, 1938</u>		19. Total time (years) spent in this work <u>3 Summers</u>		20. Date (month and year) last engaged in this work <u>10-22, 1938</u>		21. Total time (years) spent in this work <u>3 Summers</u>			
22. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Bozgard 5%</u>		23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>one</u>		24. If stillborn, period of gestation <u>9 mo</u>		25. Cause of stillbirth <u>undiscovered</u>		26. Before labor <u>yes</u> During labor <u>yes</u>	
27. I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>9 pm</u> m. on the date above stated. (Born Alive or Stillborn)		28. When there was no attending physician or midwife, then the father, household, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		29. (Signed) <u>Dr. F. Robertson</u> M. D.		30. Address <u>Proffins - Idaho -</u>		31. Filed <u>11/31</u> , 1938 <u>F. H. A. Shaw</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Progreso

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 111469Registration District No. 90Primary Registration District No. 2167Local Registrar's No. 84

(If death occurred in a hospital or institution, give its name instead of street and number) 216
(No. Southwest 2d)

2. FULL NAME

(a) Residence No. Bureau Hospital(Usual place of abode) Southwest 2dSt. Progreso

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Stillborn

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of Stillborn6. DATE OF BIRTH (month, day, and year) 10/27/38

7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Progreso
(State or country) Idaho

13. NAME Handy Nelson

14. BIRTHPLACE (city or town) Yaguite Falls
(State or country) Idaho

15. MAIDEN NAME Mae Feytag

16. BIRTHPLACE (city or town) Yaguite Falls
(State or country) Idaho

17. INFORMANT Mrs. John Jettensmaier(Address) Southwest 2d

18. BURIAL, CREMATION OR REMOVAL

Place Southwest 2d Date 10-28, 193819. UNDERTAKER John Jettensmaier(Address) Southwest 2d20. FILED 1731, 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 10/27/1938

22 I HEREBY CERTIFY, That I attended deceased from

1938, to Stillborn, 1938

I last saw him alive on 1938; death is said to have occurred on the date stated above, at Stillborn m.

The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation Stillborn Date of Stillborn
What test confirmed diagnosis? Stillborn Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Stillborn Date of injury Stillborn, 1938

Where did injury occur? Stillborn
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury StillbornNature of injury Stillborn

24 Was disease or injury in any way related to occupation of deceased? Stillborn

(Signed) Stillborn, M. D.(Address) Progreso, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH.
County of Franklin
City of Preston
No. Preston Memorial St. NOV 12 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **S**
Registration District No. 27 State File No. 273243

(If born in hospital or institution give name.) Prim. Registration District No. 219 Local Registrar's No. 102

2. FULL NAME OF CHILD Baby Boy Buck

3. Sex male If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Premature yes Full term yes 7. Legitimate? yes 8. Date of birth Oct 15, 1938 (Month, Day, Year)

9. Full name FATHER Charles Buck

18. Full maiden name MOTHER Victoria Christensen

10. Residence (usual place of abode) (If non-resident, give place and State) Tranton, W. Va.

19. Residence (usual place of abode) (If non-resident, give place and State) Tranton, W. Va.

11. Color or race W. 12. Age at last birthday 48 (years)

20. Color or race W. 21. Age at last birthday 40 (years)

13. Birthplace (city or place) (State or Country) West Union, Utah

22. Birthplace (city or place) (State or Country) North Logan, Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Present, 19

25. Date (month and year) last engaged in this work Present, 19

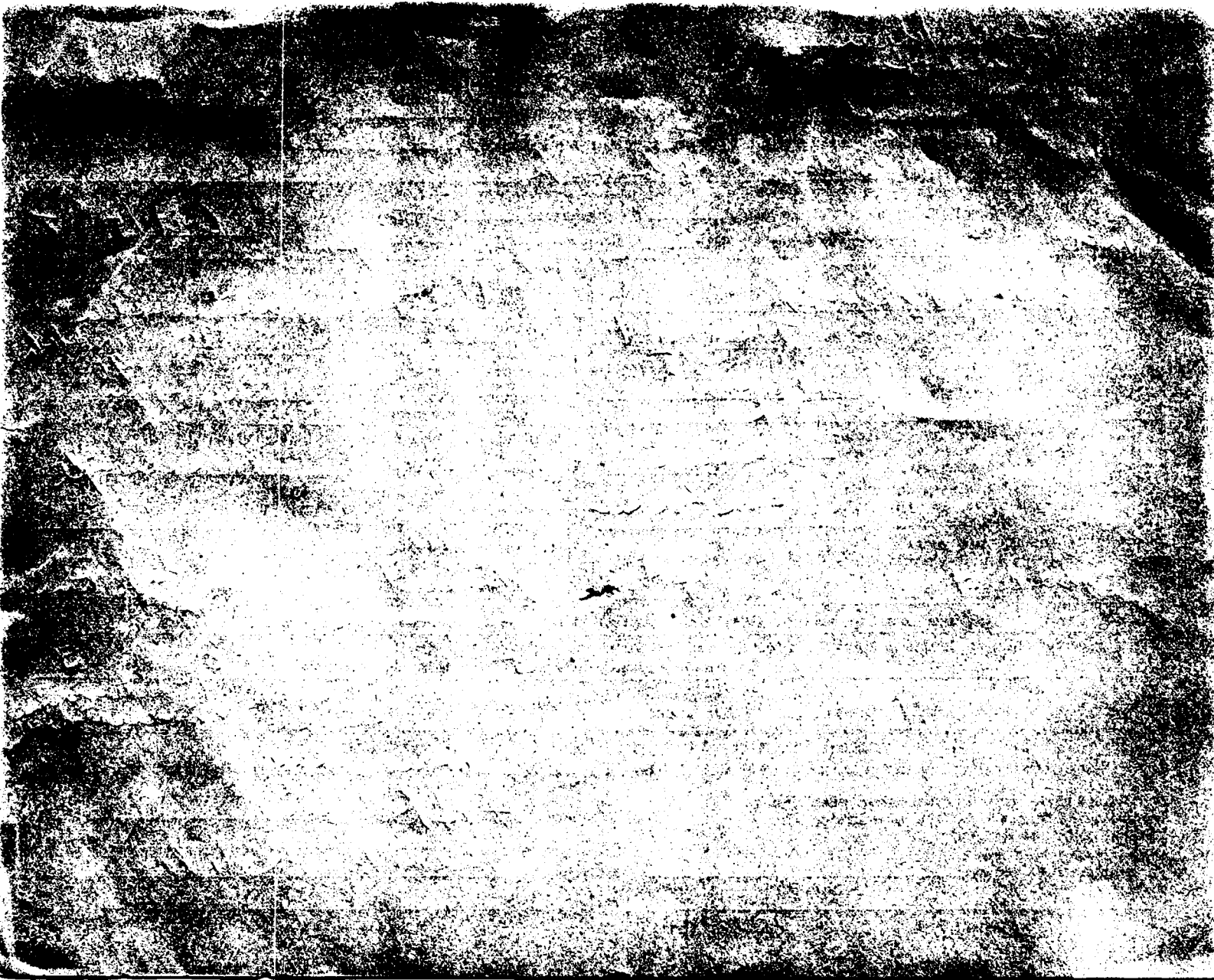
27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate 1% to

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 3

29. If stillborn, period of gestation 9 mo { months or weeks 30. Cause of Stillbirth unlabeled labor before labor was started

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was stillborn at 2:10 m. on the date above stated. (Born Alive or Stillborn)
(Signed) H. B. Davies, M. D.
or _____, Midwife
Address Preston, Idaho
Filed Nov 8, 1938 G. W. States
Registrar. Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

PHYSICIAN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

State File No. 111470

PLACE OF DEATH

County of Franklin

City of Preston

CERTIFICATE OF DEATH

Registration District No. 27

Primary Registration District No. 2119

(No. Preston Gen. Mem. Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number.)

Local Registrar's No. 19

2. FULL NAME

(a) Residence No.

(Usual place of abode.)

Length of residence in city or town where death occurred.

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word.) single

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year)

7. AGE stillborn Years Months Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (city or town) (State or Country)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (city or town) (State or Country)

14.

Informant (Address)

15.

Filed

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

(Month)

(Day)

(Year)

17. I HEREBY CERTIFY, That I attended deceased from

Oct 15, 1938, to Oct 15, 1938, that I last saw him alive on stillborn, 1938

and that death occurred, on the date stated above, at _____ m.

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. The CAUSE OF DEATH was as follows:

Stillborn - deceased baby - unable to determine cause of intra-uterine death.

CONTRIBUTORY (Secondary)

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. B. Danziger Oct 15, 1938 (Address) Preston, Idaho

19. Place of Burial, Cremation, or Removal

Date of Burial

20. Undertaker

Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc, without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: **Cerebro spinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "croup"); **Typhoid Fever** (never report Typhoid pneumonia"); **Lobar Pneumonia; Bronchopneumonia** ("pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin);** "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds.** Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL Septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS**, state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as **probably** such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Fremont
City of St. Anthony, Idaho
No. _____ St. St. Anthony General Hospital
(If born in hospital or institution give name.)
Registration District No. 99 State File No. 273244
Prim. Registration District No. 2177 Local Registrar's No. 1222

2. FULL NAME OF CHILD Jay Clarence Wright

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Oct 5, 1938</u> (Month, Day, Year)
-------------------------	--	--	---------------------------	---

9. Full name <u>Samuel Joe Wright</u>	FATHER	18. Full maiden name <u>Cornelia Hauseth</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>St. Anthony</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>40</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>24</u> (years)
13. Birthplace (city or place) (State or Country) <u>Utah</u>		22. Birthplace (city or place) (State or Country) <u>Mesa Creek Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent _____
19. _____	in this work _____	19. _____	in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argysol

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation 9 months { months or weeks _____

30. Cause of stillbirth { Before labor yes During labor _____
unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 5 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) J. Allison, M. D.
or _____, Midwife
Address St. Anthony, Idaho
Filed Nov 8, 1938 J. L. B. Smith
Registrar.

UNITED STATES
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.
OFFICE OF THE CHIEF
PLANT INDUSTRY
WASHINGTON, D. C.

CHIEF
PLANT INDUSTRY
WASHINGTON, D. C.

M. R.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of Fremont
City of St. Anthony

CERTIFICATE OF DEATH

State File No. 111471

Registration District No.

Primary Registration District No.

Local Registrar's No. 356

(No. St. Anthony General Hospital)

NOV 14 1938

Death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Joy Charles Wright

(a) Residence. No. St.

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. 6 (If nonresident give city or town and state)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 5 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME S J Wright

14. BIRTHPLACE (city or town) (State or country) Salt Lake City

15. MAIDEN NAME Cornelia Fausett

16. BIRTHPLACE (city or town) (State or country) Moody Ida

17. INFORMANT J S Wright

18. BURIAL, CREMATION OR REMOVAL

Place Thief Date 10/6, 1938

19. UNDERTAKER D. M. Hansen

(Address) St. Anthony Idaho

20. FILED Nov 8 1938 J. L. B. Munk

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) not known 193 7

22. I HEREBY CERTIFY, That I attended deceased from at birth 193 to 193

I last saw h... alive on not at all death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Infant born dead
had been dead several
days
cause not known

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury., 193

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify.....

(Signed) J. L. B. Munk M. D.

(Address) St. Anthony Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

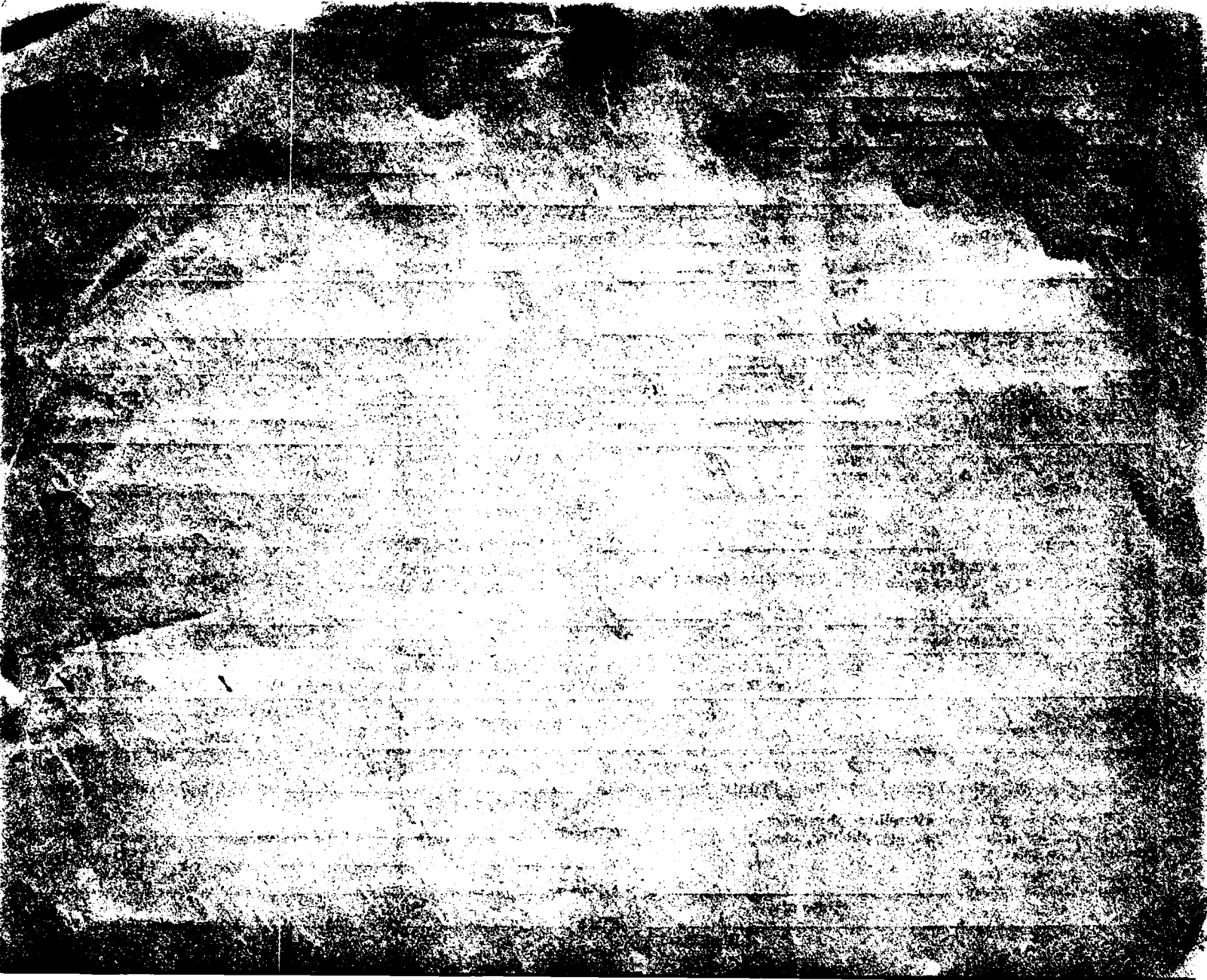
WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		273245	
County of <u>Burdick</u>		NOV - 5 1938		Registration District No. <u>24</u>		State File No. <u>566</u>		Prim. Registration District No. <u>24</u>		Local Registrar's No. <u>566</u>	
City of <u>Gooding Hospital</u>											
No. <u>Gooding Hospital</u> St.											
(If born in hospital or institution give name.)											
2. FULL NAME OF CHILD <u>Unnamed Infant</u>											
3. Sex <u>Female</u>		If plural births {		4. Twin, triplet, or other.		5. Number, in order of birth.		6. Premature.		7. Legitimate? <u>yes</u>	
8. Date of birth <u>10-3-</u> 19 <u>38</u>											
9. Full name <u>Marcus Carl Moody</u>		FATHER		10. Residence (usual place of abode) <u>Gooding</u>		11. Color or race <u>White</u>		12. Age at last birthday <u>36</u> (years)		13. Birthplace (city or place) <u>Shoshone</u> (State or Country) <u>Ida</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>White.</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>city</u>		16. Date (month and year) last engaged in this work <u>10-24</u> 19 <u>38</u>		17. Total time (years) spent in this work <u>7 months</u>		18. Full maiden name <u>Melissia Godby</u>		19. Residence (usual place of abode) <u>Shoshone</u> (If non-resident, give place and State) <u>Ida</u>	
20. Color or race <u>White</u>		21. Age at last birthday <u>30</u> (years)		22. Birthplace (city or place) <u>Mountain Home</u> (State or Country) <u>Mo.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>		25. Date (month and year) last engaged in this work <u>10-24</u> 19 <u>38</u>	
26. Total time (years) spent in this work											
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>											
28. Number of children of this mother (At time of this birth and including this child) <u>4</u>											
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u>											
29. If stillborn, period of gestation <u>full</u> { months or weeks											
30. Cause of stillbirth <u>?</u> { Before labor <u>yes about 5-67 days</u> During labor <u>5-67 days</u>											
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>11</u> <u>28</u> m. on the date above stated.											
(Born Alive or Stillborn)											
(Signed) <u>J. H. Carmichael</u> , M. D.											
or <u>Gooding, Ida</u> , Midwife											
Address <u>Gooding, Ida</u>											
Filed <u>10-30-</u> 19 <u>38</u> <u>J. H. Carmichael</u>											
Registrar.											

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Date of)

Registrar.



MARGIN RESERVED FOR BINDING

3.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Gooding</u>		CERTIFICATE OF DEATH		State File No. <u>111472</u>	
City of <u>Idaho</u>					
Registration District No. _____		Primary Registration District No. <u>24</u>		Local Registrar's No. <u>801</u>	
(No. <u>Gooding Co Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Unmarried Infant</u>					
(a) Residence. No. <u>Gooding</u> St. _____		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>10-3-38</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Gooding</u> (State or country) <u>Ida</u>					
MOTHER FATHER	13. NAME <u>Marcellus C. Moody</u>				
	14. BIRTHPLACE (city or town) <u>Idaho</u> (State or country) <u>Ida</u>				
	15. MAIDEN NAME <u>Melissia Godly</u>				
	16. BIRTHPLACE (city or town) <u>Monticello</u> (State or country) <u>Ida</u>				
17. INFORMANT <u>M. C. Moody</u> (Address) <u>Gooding</u>					
18. BURIAL, CREMATION OR REMOVAL <u>Gooding</u> Place. Date <u>10-4</u> , 193 <u>8</u>					
19. UNDERTAKER <u>none</u> (Address) _____					
20. FILED <u>10/30</u> , 193 <u>8</u> <u>J. H. Combs</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>10-7-38</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193 <u>8</u> , to _____, 193 <u>8</u> .					
I last saw him alive on _____, 193 <u>8</u> ; death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows: <u>Still born - full gestation period - Cause unknown</u>					
Other contributory causes of importance: _____					
Name of operation <u>none</u> Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193 <u>8</u> .					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so specify _____					
(Signed) <u>J. H. Combs</u> M. D. (Address) <u>Gooding, Ida</u>					

NOV - 5 1938

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS	
County of <u>Boyer</u>	City of <u>Post Falls, Ida.</u>	CERTIFICATE OF BIRTH	
No. _____	St. _____	Registration District No. <u>30</u>	State File No. <u>273246</u>
(If born in hospital or institution give name.)		Prim. Registration District No. <u>2051</u>	Local Registrar's No. <u>318</u>
2. FULL NAME OF CHILD <u>Stillborn baby Stratton</u>			
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>
8. Date of birth <u>Oct. 26, 1938</u> (Month, Day, Year)			
9. Full name <u>Arthur Everett Stratton</u> FATHER		18. Full maiden name <u>Mary Mandeline Moore</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Post Falls, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Post Falls, Ida.</u>	
11. Color or race <u>White</u>		20. Color or race <u>White</u>	
12. Age, at last birthday <u>27</u> (years)		21. Age at last birthday <u>18</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Danbury, Conn.</u>		22. Birthplace (city or place) (State or Country) <u>Granby, Canada</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>W. P. A.</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Day laborer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Oct. 25, 1938</u>		17. Total time (years) spent in this work <u>9 mo.</u>	
25. Date (month and year) last engaged in this work <u>Oct. 25, 1938</u>		26. Total time (years) spent in this work <u>1 yr.</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>None</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>9 mo.</u>		30. Cause of Stillbirth { During labor <u>trauma of the head</u> Before labor <u>head</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 7 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) S. J. [Signature], M. D.

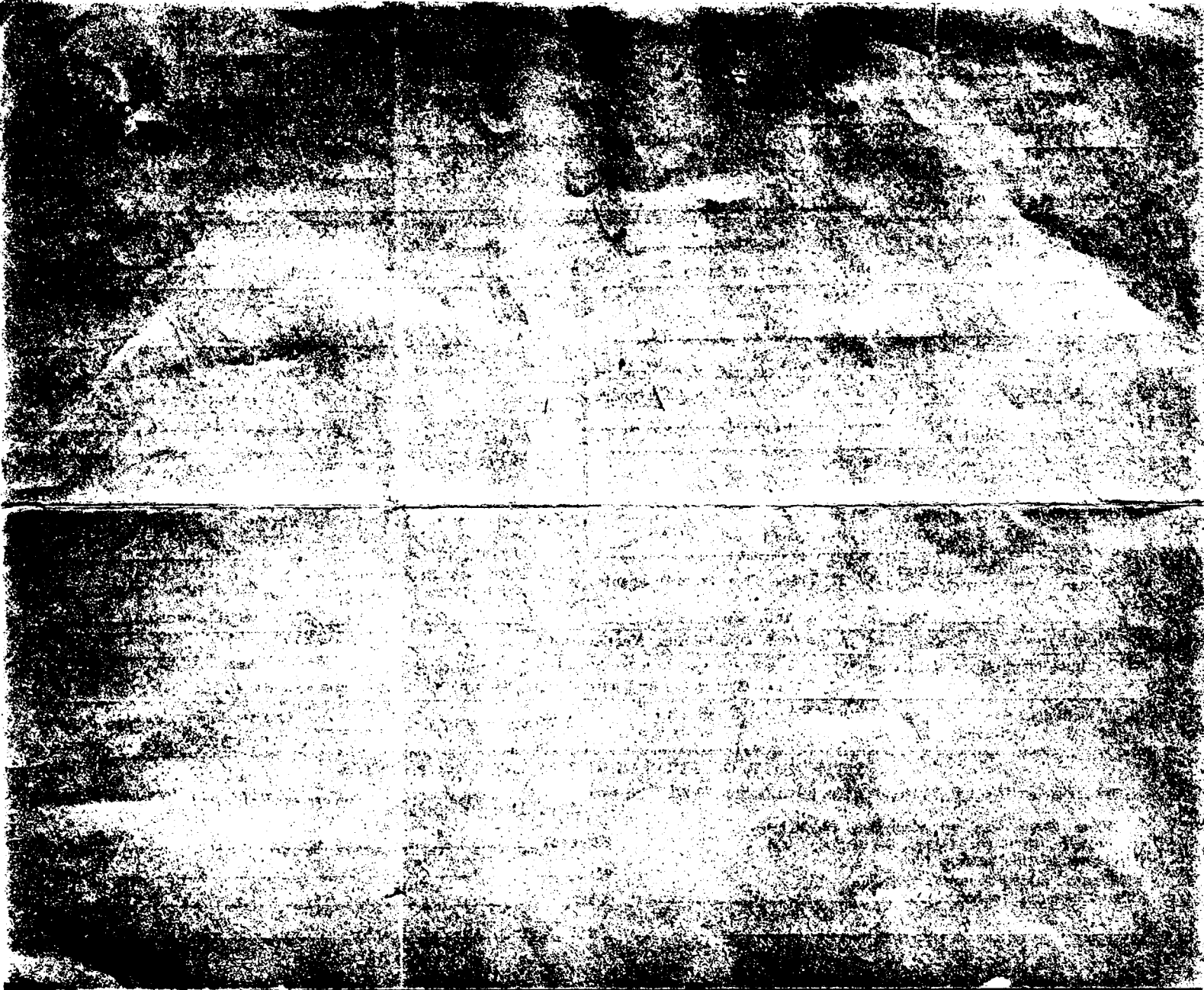
or _____, Midwife

Address Post Falls, Idaho

Filed November 1, 1938 L. C. [Signature] M.D.

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

(At her home)

PLACE OF DEATH

County of Bozeman

City of Bozeman

RECEIVED
NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 30

Primary Registration District No. 2051

DO NOT WRITE IN THIS SPACE

State File No. 111473

Local Registrar's No. 152

(If death occurred in a hospital or institution, give its name instead of street and number.)

2. FULL NAME Stillborn baby Stratton

(a) Residence. No. RT #1 Post Falls St.

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Stillborn baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn baby

6. DATE OF BIRTH (month, day, and year) Oct 26, 1928

7. AGE Years Months Days If LESS than 1 day, hrs. or min. Stillborn baby

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stillborn baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Post Falls, Idaho

13. NAME Arthur E. Stratton

14. BIRTHPLACE (city or town) (State or country) Bozeman, Idaho

15. MAIDEN NAME Mary M. Moore

16. BIRTHPLACE (city or town) (State or country) Granby, Canada

17. INFORMANT (Address) A. E. Stratton

18. BURIAL, CREMATION, OR REMOVAL Place Post Falls, Idaho Date Oct. 27, 1938

19. UNDERTAKER The Undertaker (Address)

20. FILED Nov 1, 1938 L. E. Kitchin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Oct. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1938 to Oct 26, 1938

I last saw him alive on Oct 26, 1938; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Extreme pressure at the head during delivery

Other contributory causes of importance:

Name of operation Cesarean Date Oct 26, 1938

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? no Date of injury no, 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify no

(Signed) A. E. Stratton, M. D.

(Address) Post Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT
one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

1. PLACE OF BIRTH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
County of <u>Blaine</u>		CERTIFICATE OF BIRTH S 273247			
City of <u>Jersey</u>		Registration District No. <u>1009</u>		State File No. _____	
No. <u>1009</u>		Prim. Registration District No. <u>96</u>		Local Registrar's No. _____	
(If born in hospital or institution give name.) <u>St. Joseph's Hospital</u>					
2. FULL NAME OF CHILD <u>Unknown Doty</u>					
3. Sex <u>female</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature <u>X</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Aug. 28</u> 193 <u>8</u> (Month, Day, Year)
9. Full name FATHER <u>Robert Larry Doty</u>			18. Full maiden name MOTHER <u>Eva Edna Beniss</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Jer. Oregon</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Jer. Oregon</u>		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at last birthday <u>20</u> (years)			21. Age at last birthday <u>18</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Idaho</u>			22. Birthplace (city or place) (State or Country) <u>Washington</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Molder</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Penicillin</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>6</u> (a) Born alive and now living <u>6</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>4 months</u> { months or weeks			30. Cause of stillbirth <u>hypoxia</u> { Before labor _____ During labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 11:15 m. on the date above stated.

(Born alive or Stillborn)

(Signed) Joseph L. Barendsen M. D.

or _____ Midwife

Address Jerusalem, Idaho

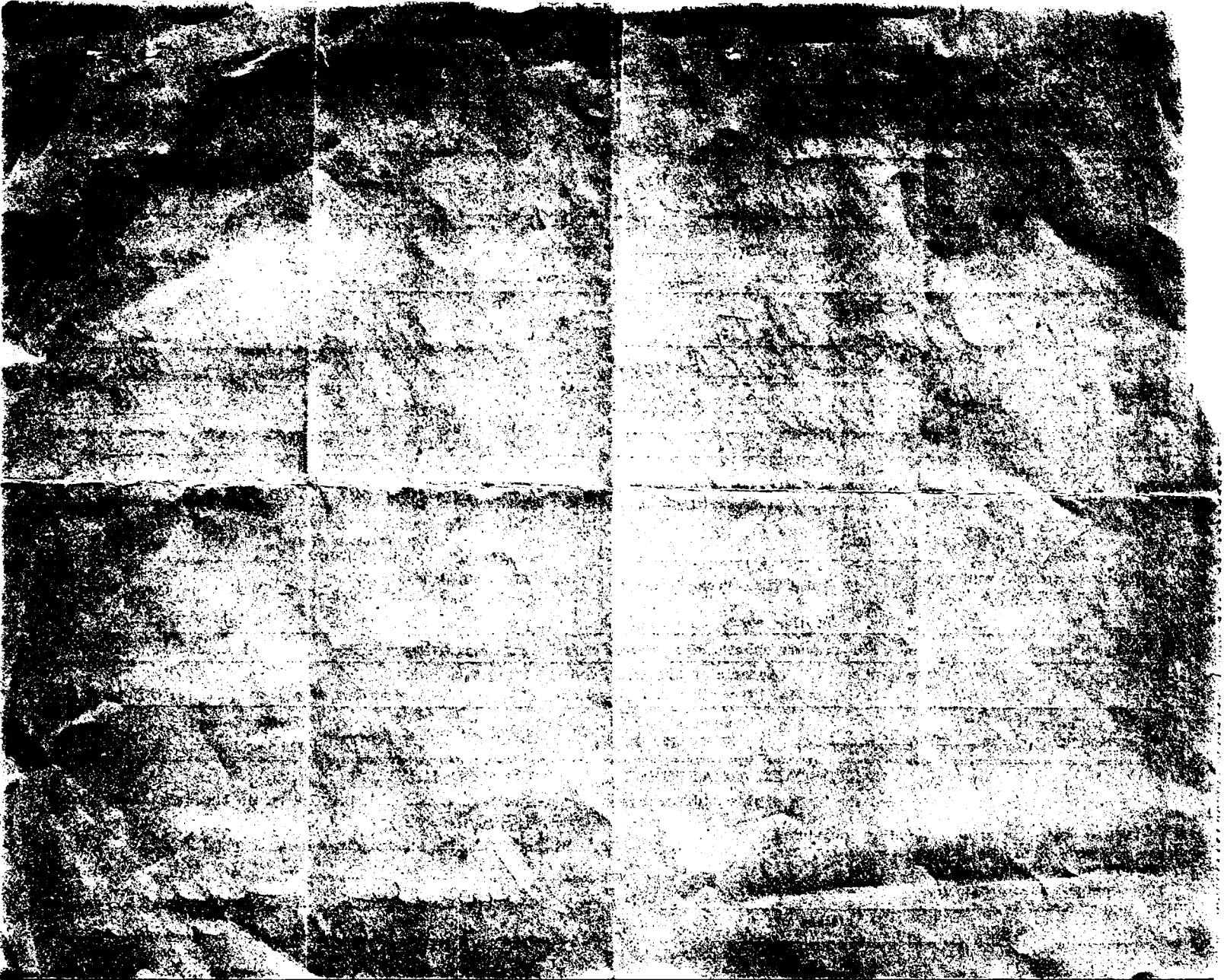
Filed Nov 9 1938 M. H. Cockey Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of **Nez Perce**
City of **Lewiston**

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. **111474**

Registration District No. **1009**

Primary Registration District No. **96**

Local Registrar's No. **174**

(No. **St. Joseph's Hospital**)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME **Inf Daughter of Mr. & Mrs. R.L. Doty**

(a) Residence No. **Lewiston Idaho.**

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX **Female** 4. Color or Race **White** 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) **Aug. 28/38**

7. AGE Years Months Days If LESS than 1 day hrs. min.
0 0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) **Lewiston Idaho.**
(State or country)

13. NAME **Robert L. Doty**

14. BIRTHPLACE (city or town) **Nez Perce Idaho.**
(State or country)

15. MAIDEN NAME **Iva Bemiss**

16. BIRTHPLACE (city or town) **Wash.**
(State or country)

17. INFORMANT **Robert L. Doty**
(Address) **Lewiston, Idaho.**

18. BURIAL, CREMATION OR REMOVAL Place **Lewiston Idaho** Date **Aug. 29**, 193**8**

19. UNDERTAKER **Vassar-Rawls Co.**
(Address) **Lewiston, Idaho.**

20. FILED **Sept 1**, 193**8** **M. H. Caster**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) **Aug 28 1938**

22 I HEREBY CERTIFY, That I attended deceased from **Aug 28**, 193**8**, to **Aug 28**, 193**8**.

I last saw him alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Seizure of heart. had been dead about 1 wk. or more. approx. 3 hrs. after death. apparently from a seizure (seizure).

Other contributory causes of importance:

Date of onset

Name of operation **none** Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____

Where did injury occur? **no injury**
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) **Joseph C. Budge**, M. D.

(Address) **Lewiston, Idaho**

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital

(If born in hospital or institution give name.)

RECEIVED
NOV 14 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S. Ray
273248

Registration District No. 28 State File No. 273248

Prim. Registration District No. 2161 Local Registrar's No. 566

2. FULL NAME OF CHILD Donald Alan Strawn

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? Yes 8. Date of birth October 14 1938 (Month, Day, Year)

9. Full name FATHER Donald Dyer Strawn

18. Full maiden name MOTHER Mary Lena Baker

10. Residence (usual place of abode) 234 No. Thirteenth
(If non-resident, give place and State.)

19. Residence (usual place of abode) Same
(If non-resident, give place and State.)

11. Color or race W 12. Age at last birthday 31 (years)

20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Trinidad, Colorado
(State or Country)

22. Birthplace (city or place) Pocatello, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Public Schools

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work At Present, 1938

25. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 2 years

26. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 20%

28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn One

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor. _____ During labor. _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still-born at 11:51 P.M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) S. C. Ray, M. D.

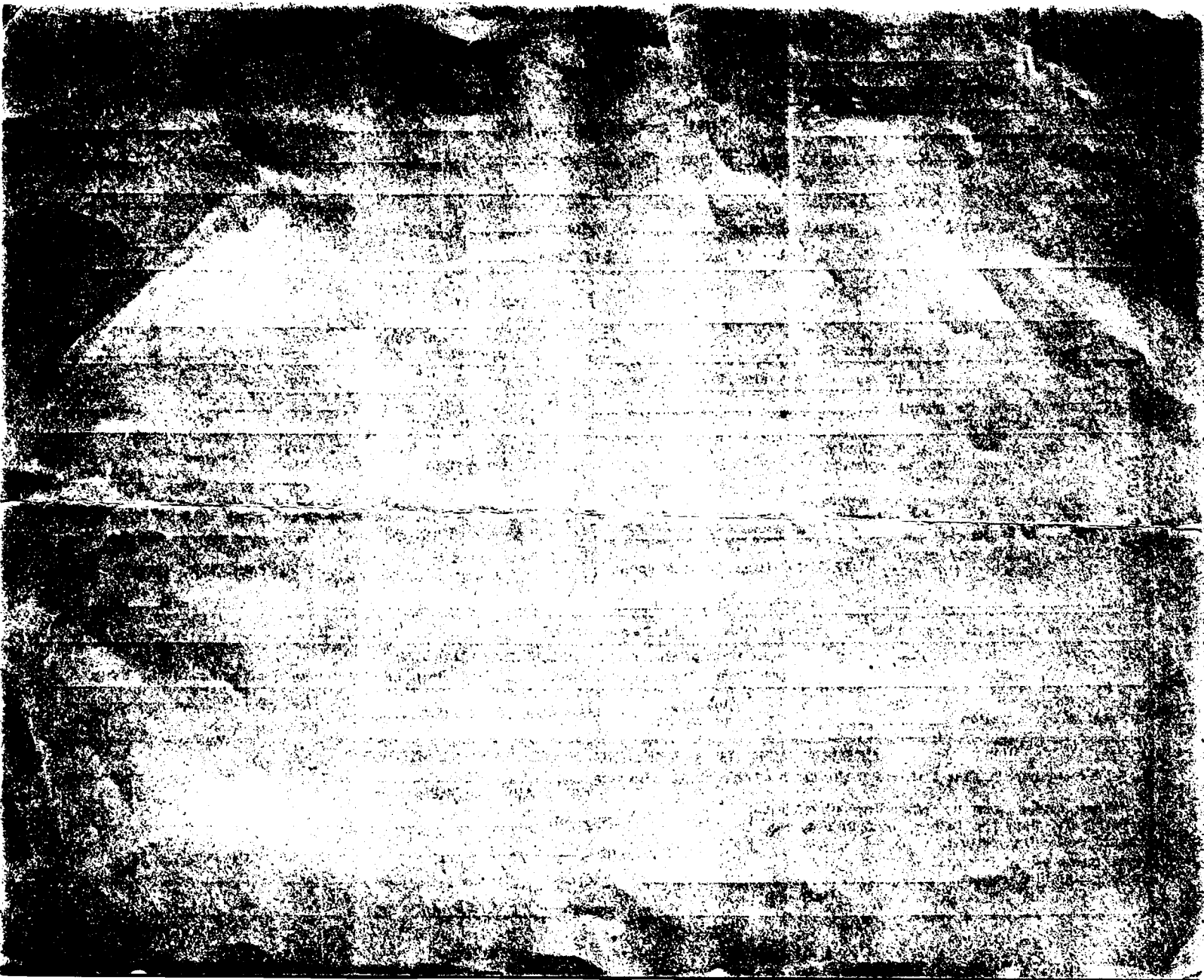
or _____, Midwife

Address Pocatello, Idaho

Filed Oct 22, 1938

Registrar.

Registrar.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of	Bannock	CERTIFICATE OF DEATH		State File No. 111475	
City of	Pocatello				
Registration District No. 28		Primary Registration District No. 2161		Local Registrar's No. 198	
(No. <u>Pocatello General Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Donald Allen Strawn</u>					
(a) Residence No. <u>234 North 13th</u>		St. _____ (If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>October 14 1938</u>					
7. AGE Years --	Months --	Days --	If LESS than 1 day -- hrs or -- min		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
FATHER	12. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>				
	13. NAME <u>Donald D. Strawn</u>				
MOTHER	14. BIRTHPLACE (city or town) <u>Trinidad</u> (State or country) <u>Colo</u>				
	15. MAIDEN NAME <u>Mary Baker</u>				
	16. BIRTHPLACE (city or town) <u>Pocatello</u> (State or country) <u>Idaho</u>				
	17. INFORMANT <u>Donald D. Strawn</u> (Address) <u>234 North 13th</u>				
18. BIRTHPLACE OR REMOVAL Place <u>American Falls</u> Date <u>10/15</u> , 19 <u>38</u>					
19. UNDERTAKER <u>McHan Funeral Home</u> (Address) <u>Pocatello Idaho</u>					
20. FILED <u>10-12</u> , 19 <u>38</u> <u>D. C. Ray</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>10/14/1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to <u>10-14</u> , 19 <u>38</u>					
I last saw <u>him</u> alive on _____ 193____: death is said to have occurred on the date stated above, at <u>11:51 p.m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Still born</u> <u>Compression of</u> <u>cord around</u> <u>arm.</u>					
Other contributory causes of importance:					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased _____ If so, specify _____					
(Signed) <u>D. C. Ray</u> , M. D.					
(Address) <u>Pocatello</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

46313009 863
1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. Page Hospital St. Page Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S 274322

Registration District No. 28 State File No. 2155

(If born in hospital or institution give name.) Prim. Registration District No. 2155 Local Registrar's No. 190

2. FULL NAME OF CHILD STILLBIRTH MOLINE

3. Sex <u>Miae</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct. 30, 1938</u> (Month, Day, Year)
9. Full name <u>Isaac Moline</u>	FATHER	18. Full maiden name <u>Lena Hollar</u>	MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Naples, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Naples, Ida.</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>45</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>41</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Michigan</u>		22. Birthplace (city or place) (State or Country) <u>St. Louis Missouri</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Woodsman</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cedar camp</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
16. Date (month and year) last engaged in this work <u>Oct., 1938</u>	17. Total time (years) spent in this work <u>20</u>	25. Date (month and year) last engaged in this work <u>Oct., 1938</u>	26. Total time (years) spent in this work <u>25</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation 9 mo { months or weeks
30. Cause of stillbirth microcephalus { Before labor..... During labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 a.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Wm F. Tyler, M. D.

or _____, Midwife

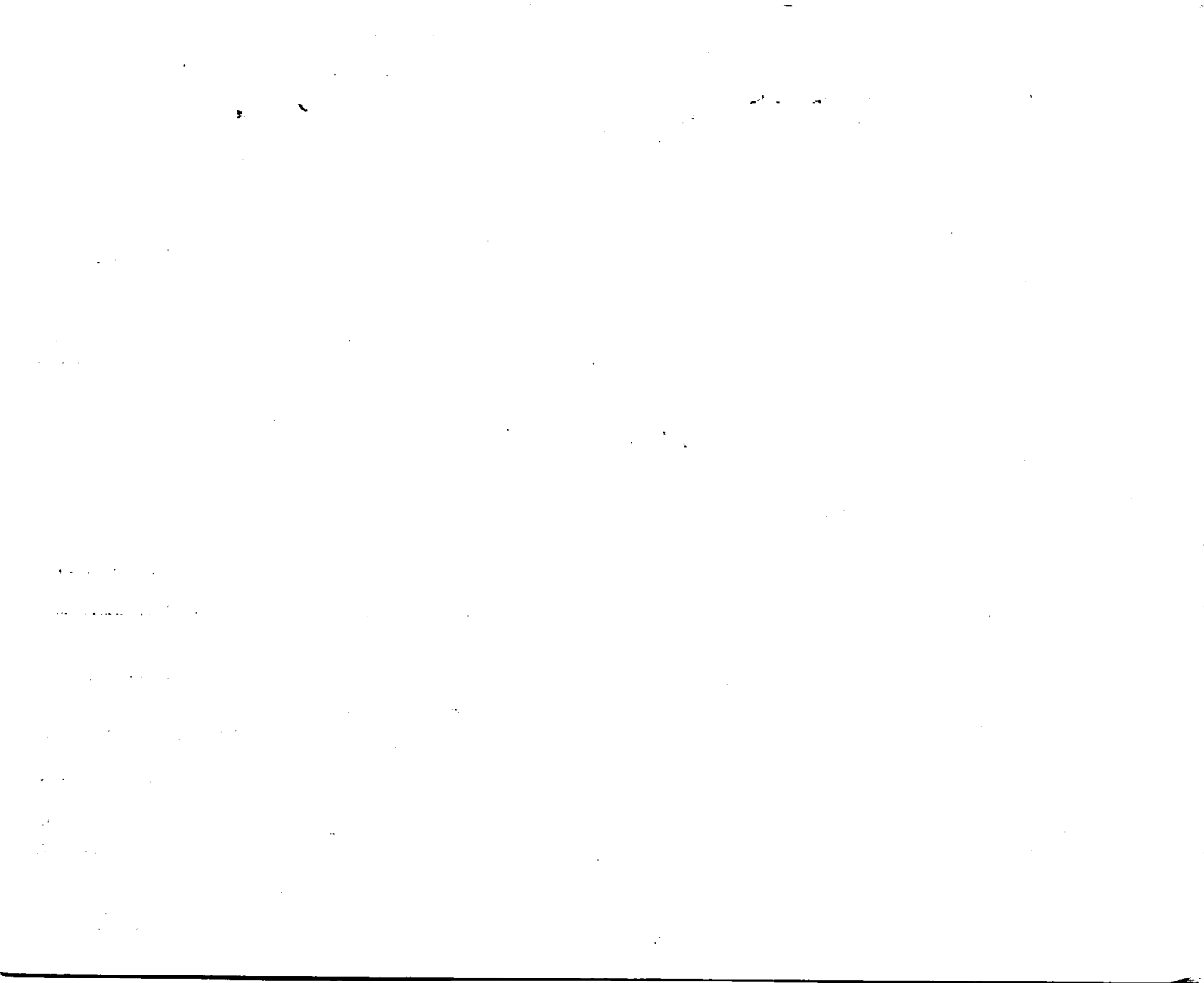
Address Sandpoint, Idaho

Filed Nov 13, 1938 J.C. Goodwin

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
County of <u>Banner</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Sandpoint</u>		BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH			
Registration District No. <u>78</u>		State File No. <u>111888</u>	
Primary Registration District No. <u>2155</u>		Local Registrar's No. <u>85</u>	
(No. <u>2</u> Page <u>Hospital</u>)			
(Death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Stillbirth Moline</u>			
(a) Residence No. <u>Napus Idaho</u> St.		(If nonresident give city or town and state)	
(Usual place of abode)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS.			
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Oct 30, 1938</u>			
7. AGE	Years	Months	Days
	—	—	—
If LESS than 1 day ____ hrs. or ____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —			
10. Date deceased last worked at this occupation— (mo. and yr.)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) <u>Sandpoint</u> (State or country) <u>Idaho</u>			
MOTHER, FATHER	13. NAME <u>Isaac Moline</u>		
	14. BIRTHPLACE (city or town) <u>Michigan</u> (State or country)		
	15. MAIDEN NAME <u>Lena Hallar</u>		
	16. BIRTHPLACE (city or town) <u>St. Louis</u> (State or country) <u>Missouri</u>		
17. INFORMANT <u>Lena Hallar</u> (Address) <u>Napus Idaho</u>			
18. BURIAL, CREMATION OR REMOVAL <u>Interment</u> Place <u>Sandpoint</u> Date <u>Nov. 8, 1938</u>			
19. UNDERTAKER <u>L. G. Moon</u> (Address) <u>Sandpoint Idaho</u>			
20. FILED <u>Nov 10, 1938</u> Registrar. <u>[Signature]</u>			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>Oct 30</u> 193 <u>8</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct 30</u> , 193 <u>8</u> , to <u>Oct 30</u> , 193 <u>8</u> .			
I last saw h. _____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.			
The principal cause of death and related causes of importance were as follows:			
<u>microcephalus</u>			
<u>still born</u>			
<u>Oct 30, 1938</u>			
Other contributory causes of importance:			
Date of onset			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to exter'l causes (violence) fill in also the following:			
Accident, suicide, or homicide? _____ Date of injury _____, 193____.			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place.			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> . If so, specify _____			
(Signed) <u>Wm. F. Fisher</u> , M. D.			
(Address) <u>Sandpoint Ida</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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.....

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. 1019 N. Ruth St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S

274323

Registration District No. 28 State File No. _____

Prim. Registration District No. 1155 Local Registrar's No. 124

2. FULL NAME OF CHILD Stillbirth Verdal

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept. 28, 1938</u> (Month, Day, Year)
-------------------------	--	--	---------------------------	--

9. Full name <u>Ole Verdal</u>	FATHER	18. Full maiden name <u>Lena Olson</u>	MOTHER
-----------------------------------	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sandpoint</u>
--	--

11. Color or race <u>white</u>	12. Age at last birthday <u>52</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>46</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Norway</u>	22. Birthplace (city or place) (State or Country) <u>Norway</u>
--	--

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Saw mill</u> 16. Date (month and year) last engaged in this work <u>Sept. 1938</u> 17. Total time (years) spent in this work <u>25</u>	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u> 25. Date (month and year) last engaged in this work <u>Sept. 1938</u> 26. Total time (years) spent in this work <u>19</u>
---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 Mo. { months or weeks }
30. Cause of stillbirth Strangulation cord { Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

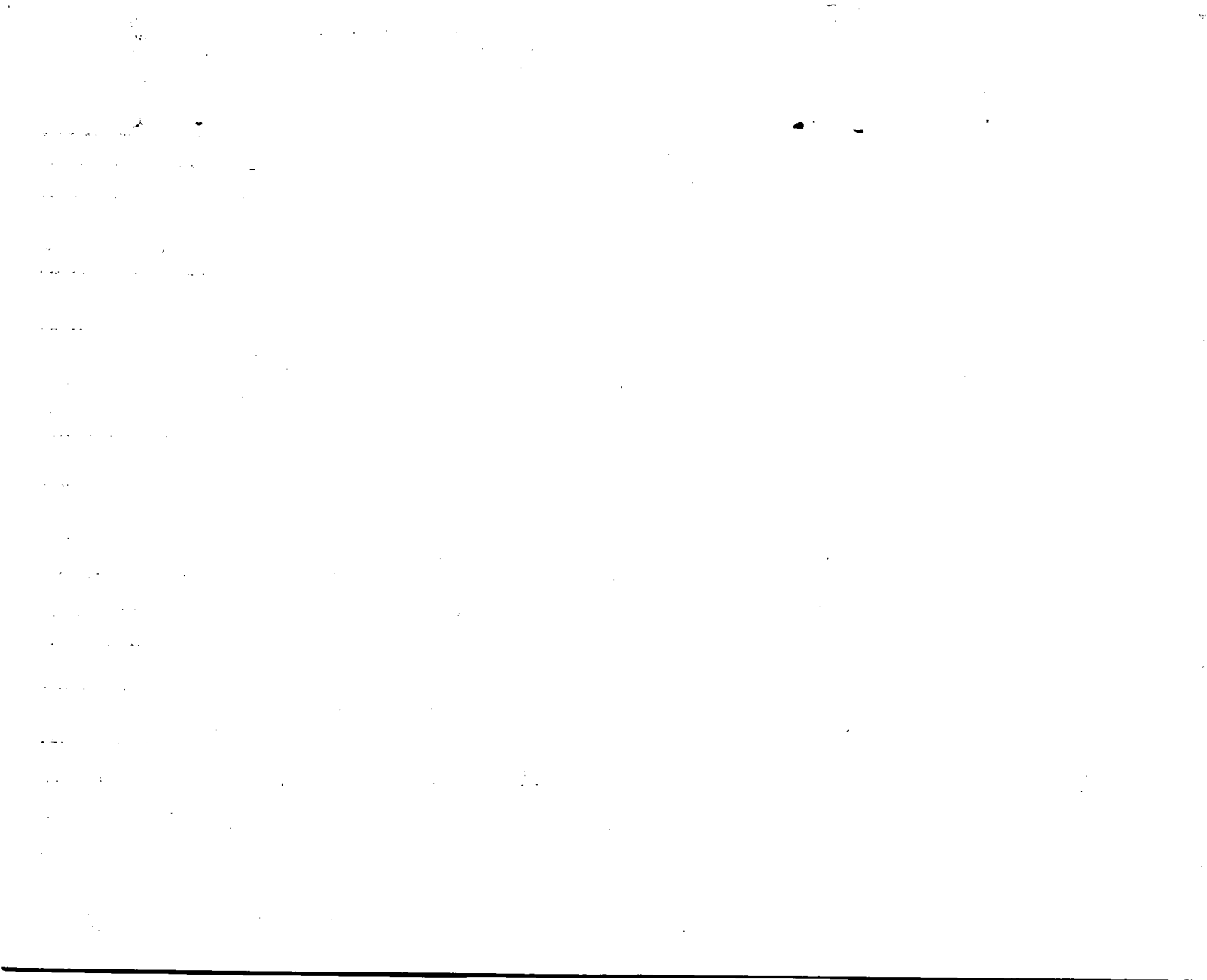
(Signed) Wm F. Tyler, M. D.

or _____, Midwife

Address Sandpoint, Idaho

Filed Oct 6, 1938 Wm F. Tyler

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 81
(No. 1019 N. Ruth)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Verdahl

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 28 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stillborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

13. NAME Ole Verdahl

14. BIRTHPLACE (city or town) Norway
(State or country)

15. MAIDEN NAME Lene Olson

16. BIRTHPLACE (city or town) Norway
(State or country)

17. INFORMANT Mrs Ole Verdahl
(Address) Sandpoint Ida.

18. BURIAL, CREMATION, OR REMOVAL
Place Sandpoint Date Sept 28, 1938

19. UNDERTAKER H. G. Moon
(Address) Sandpoint Idaho

20. FILED Nov 11, 1938 Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 111890

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) Sept 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938 to Sept 28, 1938

I last saw him on Sept 28, 1938: death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

knelt in umbilical cord
6 mo. before labor

Other contributory causes of importance:

not known

Date of onset

Name of operation NO Date of clinical
What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm F. Tyler, M. D.

(Address) Sandpoint Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other CONTRIBUTORY CAUSES of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH County of <u>Bennett</u> City of <u>Idaho Falls, Idaho</u> No. <u>Memorial Drive</u> St. <u>1. P. O. Hospital</u>		RECEIVED DEC 3 - 1938		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 274324	
(If born in hospital or institution give name.)		Registration District No. <u>73</u>		State File No. _____	
2. FULL NAME OF CHILD <u>Stillbirth Barnes</u>		Prim. Registration District No. <u>2150</u>		Local Registrar's No. <u>777</u>	
3. Sex <u>Boy</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>11-4</u> , 193 <u>8</u> (Month, Day, Year)	
9. Full name <u>Orville Barnes</u> FATHER		18. Full maiden name <u>Mary Jo Seals Shelton</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Idaho Falls</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>39</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or Country) <u>Oakland, Iowa</u>		21. Age at last birthday <u>24</u> (years)		22. Birthplace (city or place) (State or Country) <u>Salem, Idaho</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		
	16. Date (month and year) last engaged in this work <u>November, 1938</u>		25. Date (month and year) last engaged in this work <u>November, 1938</u>		
17. Total time (years) spent in this work <u>life</u>		26. Total time (years) spent in this work <u>4 yr</u>			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>full term</u> { months or weeks		30. Cause of Stillbirth <u>11</u> { During labor. _____ <u>no death</u> { Before labor. _____			

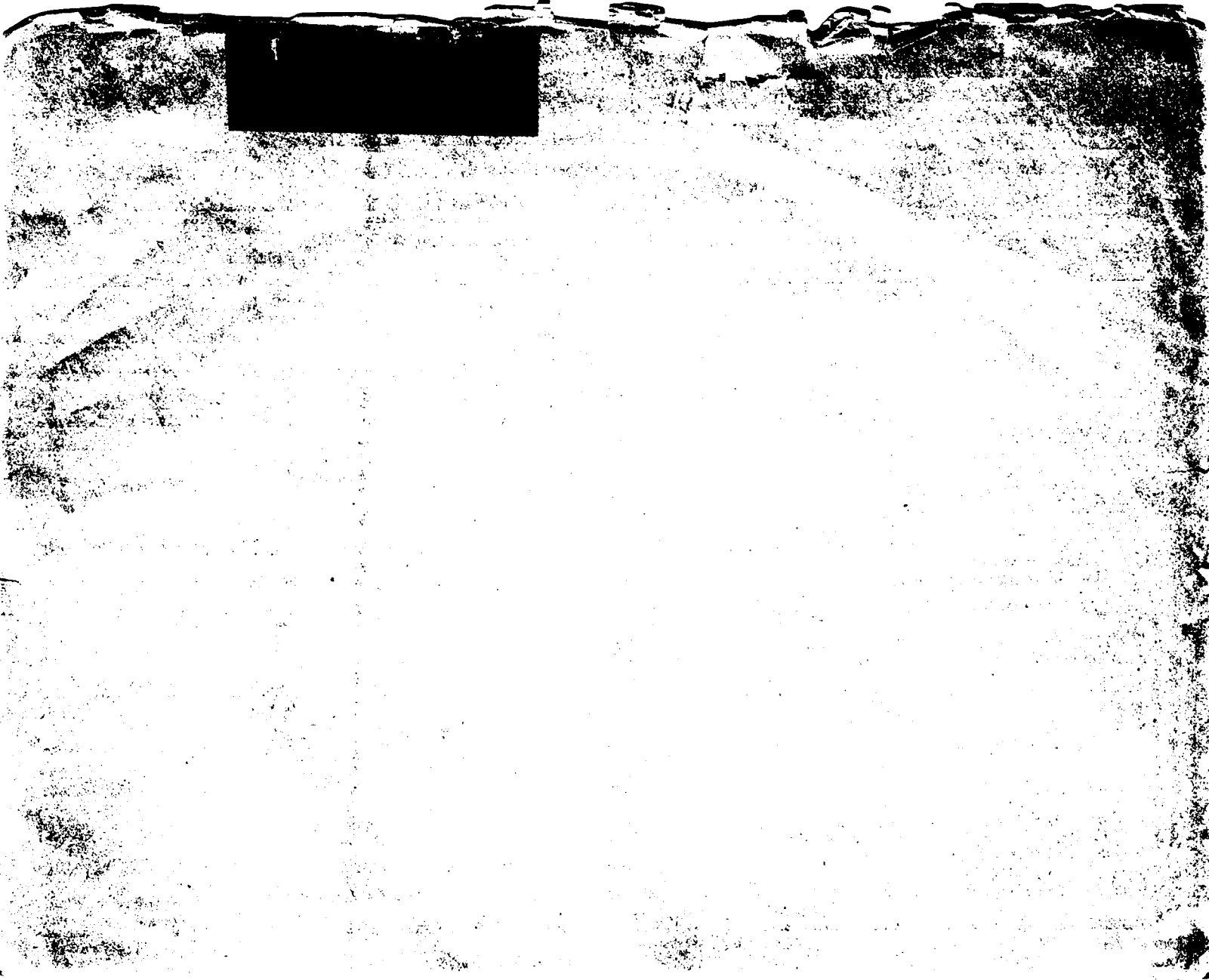
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 4:28 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Dr. B. Wesley, M. D.
or _____, Midwife
Address Idaho Falls, Idaho
Filed Dec 29, 1938 J. C. Gump
Registrar.

(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
County of <u>Bonanza</u>	City of <u>Idaho Falls</u>		
Registration District No. <u>73</u>		Primary Registration District No. <u>214-0</u>	
(No. <u>L.H.S. Hospital</u>)		Local Registrar's No. <u>252</u>	
(If death occurred in a hospital or institution, give its name instead of street and number)			
2. FULL NAME <u>Infant Barnes</u>			
(a) Residence. No. _____ St. _____		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. Color or Race <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day, and year) <u>Nov 4 1938</u>			
7. AGE Years <u>no</u>	Months <u>no</u>	Days <u>no</u>	If LESS than 1 day ____ hrs. or ____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
	10. Date deceased last worked at this occupation (mo. and yr.) _____		
	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>			
MOTHER FATHER	13. NAME <u>Orville Barnes</u>		
	14. BIRTHPLACE (city or town) <u>Oakland</u> (State or country) <u>Idaho</u>		
	15. MAIDEN NAME <u>Marjory Leota Shelton</u>		
	16. BIRTHPLACE (city or town) <u>Idaho Falls</u> (State or country) <u>Idaho</u>		
17. INFORMANT <u>Orville Barnes</u> (Address) <u>Idaho Falls, Ida.</u>			
18. BURIAL, CREMATION OR REMOVAL Place <u>Idaho Falls</u> Date <u>Nov 5, 1938</u>			
19. UNDERTAKER <u>T. F. McFar</u> (Address) <u>Idaho Falls, Ida.</u>			
20. FILED <u>Mr. J</u> 1938 <u>Idaho Falls</u> Registrar.			
MEDICAL CERTIFICATE OF DEATH			
21. DATE OF DEATH (month, day and year) <u>Nov 4 1938</u>			
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 4</u> , 1938, to <u>Nov 4</u> , 1938.			
I last saw him <u>dead</u> on <u>Nov 4</u> , 1938; death is said to have occurred on the date stated above, at <u>4:30</u> a. m.			
The principal cause of death and related causes of importance were as follows: <u>cerebral hemorrhage</u> <u>caused from</u> <u>hypertension in pelvis</u>			
Date of onset <u>Nov 4-38</u>			
Other contributory causes of importance: <u>Stillbirth</u>			
Name of operation _____ Date of _____			
What test confirmed diagnosis? _____ Was there an autopsy? _____			
23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? _____ Date of injury _____, 1938			
Where did injury occur? _____ (Specify city or town, county, and state)			
Specify whether injury occurred in industry, in home, or in public place. _____			
Manner of injury _____			
Nature of injury _____			
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____			
(Signed) <u>W. B. Waller</u> M. D. (Address) <u>Idaho Falls, Idaho</u>			

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Blaine</u> City of <u>Arco</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 274325	
(If born in hospital or institution give name.)		Registration District No. <u>59</u>	State File No. _____
2. FULL NAME OF CHILD <u>William Sedgwick</u>		Prim. Registration District No. <u>2129</u>	Local Registrar's No. <u>35</u>
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>yes</u> Full term _____	7. Legitimate <u>yes</u> Matter _____
8. Date of birth <u>Nov. 8, 1928</u> (Month, Day, Year)			
9. Full name <u>Samuel Baker Sedgwick</u>	FATHER	18. Full maiden name <u>Jennie Ethel Pratt</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and state) <u>Arco, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Arco, Ida.</u>	
11. Color or race <u>White</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>34</u> (years)
13. Birthplace (city or place) (State or Country) <u>St. Louis, Mo.</u>		22. Birthplace (city or place) (State or Country) <u>Utah</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>Term</u>	{ months _____ or weeks _____	30. Cause of stillbirth <u>Unborn of heart.</u>	{ Before labor _____ During labor <u>yes</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:00</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report _____ (Date of) _____		(Signed) <u>Dr. A. H. Albert</u> , M. D. or _____, Midwife Address <u>Arco, Ida.</u> Filed <u>Dec 8</u> , 1928 <u>Mary H. Dietrich</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO		DO NOT WRITE IN THIS SPACE	
DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		State File No. <u>111892</u>	
County of <u>Butte</u>	City of <u>Arco</u>	Registration District No. <u>59</u>		Local Registrar's No. <u>12</u>	
Primary Registration District No. <u>2129</u>		(No. _____)			
(If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>William Sedgwick</u>					
(a) Residence. No. <u>Arco</u>		St. _____			
(Usual place of abode)		(If nonresident give city or town and state)			
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single Married, Widowed or Divorced (state the words) <u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Infant</u>					
6. DATE OF BIRTH (month, day and year) <u>Nov. 8 - 1938</u>					
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (mo. and yr.)				
	11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country) <u>Arco, Ida.</u>					
MOTHER FATHER	13. NAME <u>Wm. Baker Sedgwick</u>				
	14. BIRTHPLACE (city or town) (State or country) <u>Salt Lake City, Ut.</u>				
	15. MAIDEN NAME <u>Jennie Alfreda Braithwaite</u>				
	16. BIRTHPLACE (city or town) (State or country) <u>Mont. Utah</u>				
17. INFORMANT <u>Mrs. Dan B. Sedgwick</u>					
(Address) <u>Arco, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL					
Place <u>Arco</u>		Date <u>Nov 8</u> , 193 <u>8</u>			
19. UNDERTAKER <u>none</u>					
(Address)					
20. FILED <u>Dec 8</u> , 193 <u>8</u> <u>Mary G. Dietrich</u>					
Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Nov. 8 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov. 8</u> , 193 <u>8</u> , to <u>Nov. 8</u> , 193 <u>8</u>					
I last saw him alive on _____, 193 <u>8</u> : death is said to have occurred on the date stated above, at _____ m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillborn - full term</u>					
<u>Large tumor of neck - probably thyroid gland</u>					
Date of onset _____					
Other contributory causes of importance:					
<u>Tumor of neck very large</u>					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? _____					
23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? _____ Date of injury _____, 193 <u>8</u>					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so specify _____					
(Signed) <u>D. B. Sedgwick</u> , M. D.					
(Address) <u>Arco, Ida.</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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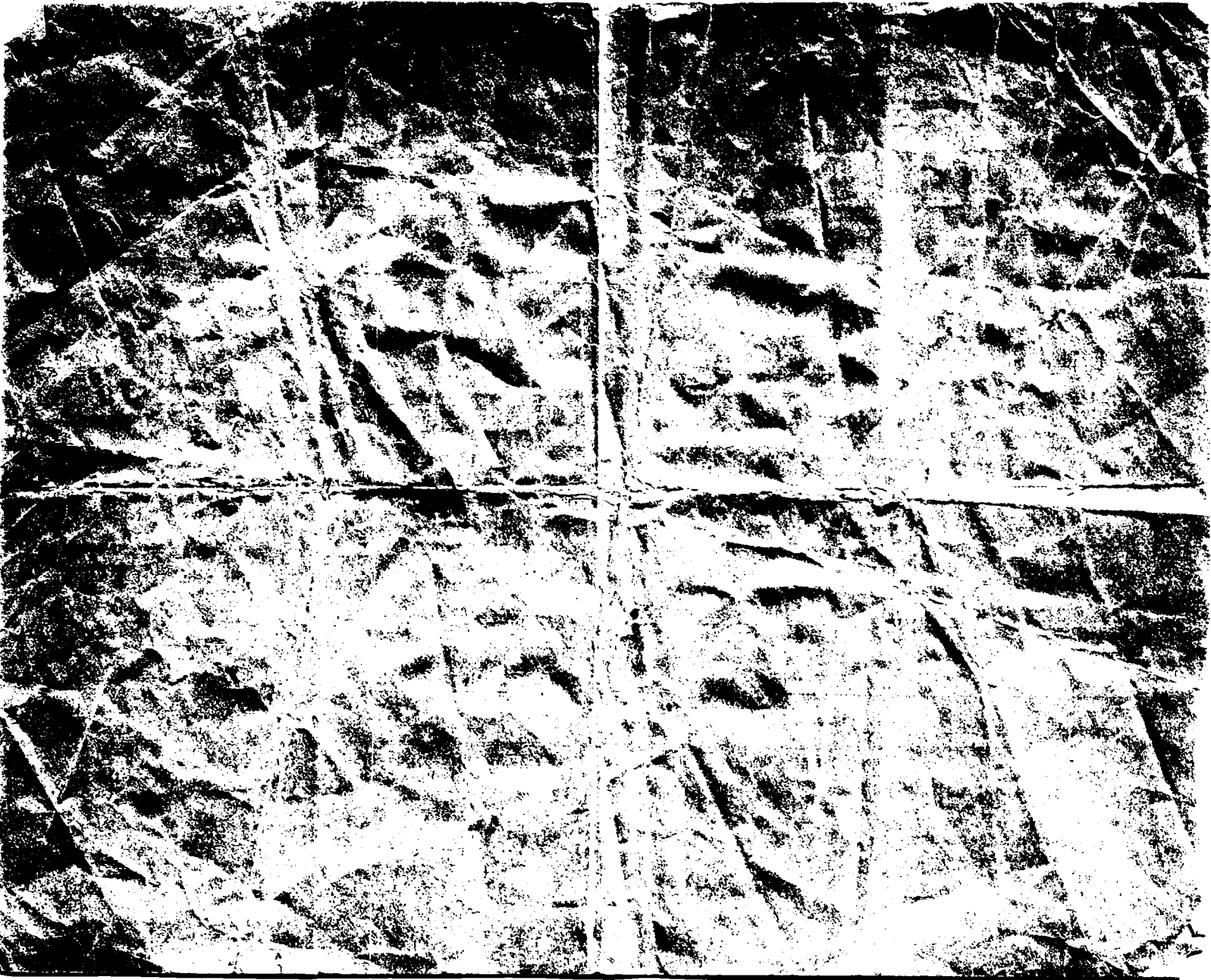
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of multiple births, one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO	
County of <u>Cassia</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
City of <u>Burley</u>		DEC 10 1938		CERTIFICATE OF BIRTH S 274326	
No. <u>1280</u> St.		Registration District No. <u>117</u>		State File No. <u>274326</u>	
(If born in hospital or institution give name.) <u>Coylidge Hospital</u>		Prim. Registration District No. <u>2196</u>		Local Registrar's No. <u>293</u>	
2. FULL NAME OF CHILD <u>Earl B. French</u>					
3. Sex <u>male</u>		4. Twin, triplet, or other <u>births</u>		5. Number, in order of birth <u>1</u>	
6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>11-18-1938</u> (Month, Day, Year)	
9. Full name FATHER <u>Howard Thomas French</u>			18. Full maiden name MOTHER <u>Helma Blanchet French</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley Idaho</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Burley Idaho</u>		
11. Color or race <u>W.</u>			12. Age at last birthday <u>34</u> (years)		
13. Birthplace (city or place) <u>Spanish Fork</u> (State or Country) <u>Utah</u>			20. Color or race <u>W.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			21. Age at last birthday <u>36</u> (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Labourer</u>			22. Birthplace (city or place) <u>Spanish Fork</u> (State or Country) <u>Utah</u>		
16. Date (month and year) last engaged in this work <u>Jan</u> , 19 <u>38</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, etc. <u>Housewife</u>		
17. Total time (years) spent in this work <u>10 yrs</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>		
25. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>38</u>			26. Total time (years) spent in this work <u>10 yrs</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>3</u>					
28. Number of children of this mother (At time of this birth and including this child) <u>3</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>9</u> { months or weeks					
30. Cause of Stillbirth <u>instrument</u> During labor <u>Before labor</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>8:47</u> P m. on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>Hugh E. Doan</u> , M. D.					
or _____, Midwife					
Address <u>Burley Idaho</u>					
Filed <u>Dec 6</u> , 193 <u>8</u> <u>Laura G. Spracher</u> Registrar.					

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Cassia
City of Burley

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 117Primary Registration District No. 2196(No. Cottage Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Earl B. Finch(a) Residence No. 201 N. MaltaSt. Burley, Idaho

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-18-1938

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11-18-1938 spent in this occupation

12. BIRTHPLACE (city or town) Burley
(State or country) Idaho

13. NAME Howard T. Finch

14. BIRTHPLACE (city or town) Spanish Forks
(State or country) Utah

15. MAIDEN NAME Thelma Blanch Jacklin

16. BIRTHPLACE (city or town) West Jordan
(State or country) Utah

17. INFORMANT Howard T. Finch
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Burley Idaho Date Nov 19, 1938

19. UNDERTAKER Chas. J. McCallach
(Address)

20. FILED Dec 7, 1938 Laura H. Spraker
Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 111893Local Registrar's No. 95

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 11-18-1938

22 I HEREBY CERTIFY, That I attended deceased from
Nov 18, 1938, to Nov 18, 1938

I last saw him alive on Nov 18, 1938; death is said to have occurred on the date stated above, at 2:47 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Nov 18-1938

Other contributory causes of importance:

InsultationNov 18-1938

Name of operation Brain Drain Date of Nov 18-1938
What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1938

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hugh E. Davis, M. D.(Address) Burley Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. ~~Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.~~

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Cottonwood</u> No. <u>C. of Consolation St.</u> <u>Hospital</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Stillborn</u>		
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Nov. 29, 1928</u> (Month, Day, Year)
9. Full name FATHER <u>Rose E. Hansen</u>		18. Full maiden name MOTHER <u>Loine Arkiie</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Trench Creek, Ida.</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Trench Creek, Ida.</u>		
11. Color or race <u>W</u>		12. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mine</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
	16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work <u>16 Yrs.</u>		26. Total time (years) spent in this work		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of Stillbirth <u>Malapex Cord</u> { During labor <u>✓</u> Before labor		

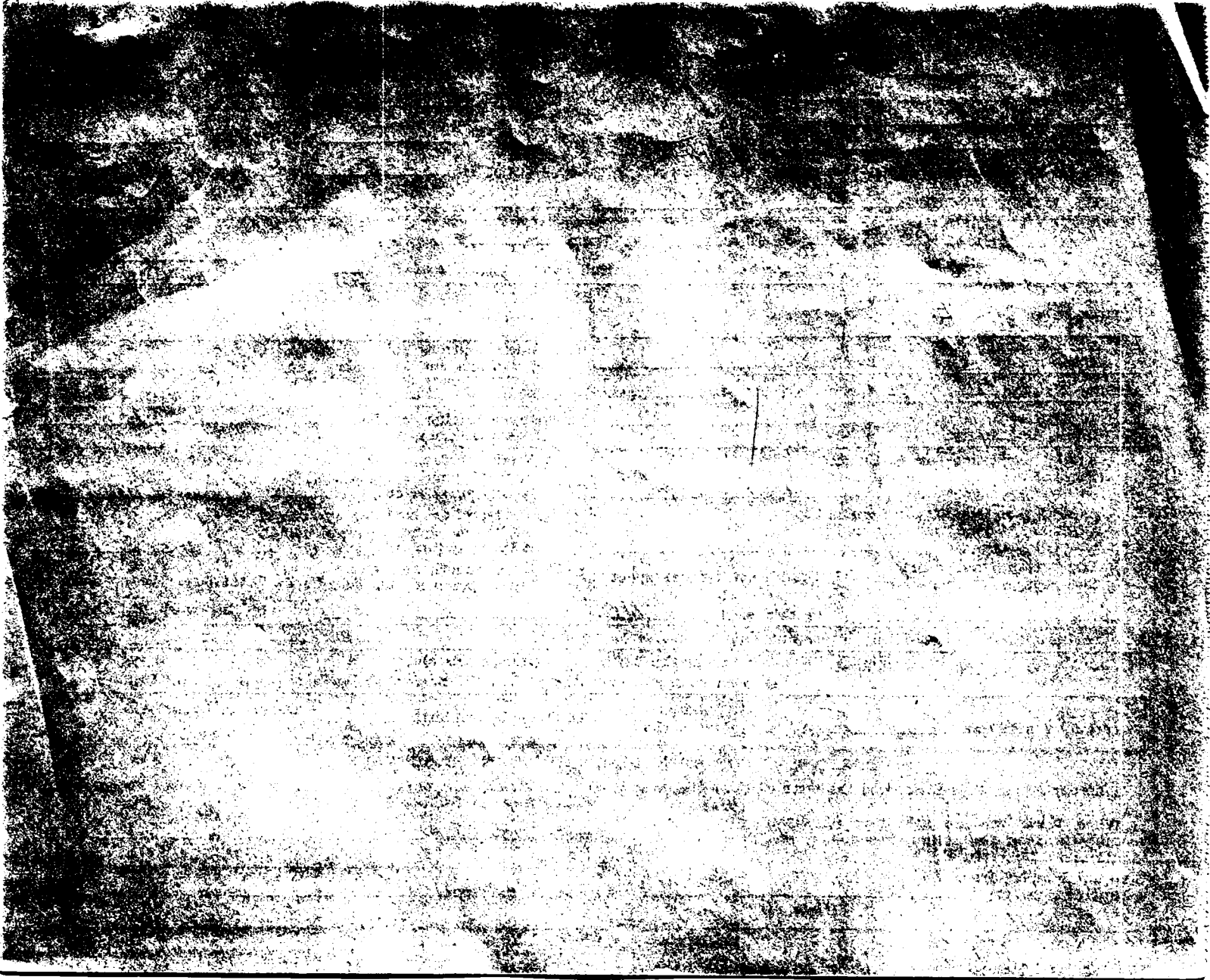
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10:50 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report.

(Signed) H. F. Orr M. D.
or H. H. Pierce, M. D.
Address Cottonwood, Idaho
Filed Nov. 30, 1928 H. F. Orr
By J. B. Registrar.

(Date of)
Registrar.



CERTIFICATE OF DEATH

State of Idaho
BOARD OF HEALTH
Bureau of Vital StatisticsFile No. **111894**Registered No. **45**

1. PLACE OF DEATH

County of **Idaho**
City of **Cottonwood**Registration District No. **105**Primary Registration District No. **2183**(No. **O. G. C. Hospital** St.)

If death occurs away from usual residence, give facts called for under special information.

2. FULL NAME

Stieckman

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.)

6. DATE OF BIRTH

Nov. 29 1938
(Month) (Day) (Year)

7. AGE

Yrs. Mos. ds.

IF LESS than 1 day
how many hrs.
or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business or establishment in which employed (or employer).

9. BIRTHPLACE

(State or Country) **Cottonwood, Idaho.**

10. NAME OF FATHER

Ray E. Hren

11. BIRTHPLACE OF FATHER

(State or Country) **Lenn, Idaho**

12. MAIDEN NAME OF MOTHER

Loine Arkise

13. BIRTHPLACE OF MOTHER

(State or Country) **Idaho.**

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Mrs. Ray E. Hren**
(Address) **Franklin Creek, Id.**

15.

Filed **Nov. 29 1938****H. F. Orr**
Local Registrar
By J. B.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

Nov. 29 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw him alive on 19

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Paralysis of heart

(Duration) Yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) **H. F. Orr** M. D.**11/30/1938** (Address) **Cottonwood, Id.**

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place of death yrs. mos. days. In the State yrs. mos. days

Where was disease contracted if not at place of death?

Former or usual residence

19. PLACE OF BURIAL OR REMOVAL

Prairie View

DATE OF BURIAL

11/30 1938

20. UNDERTAKER

Glenn Acker **Idaho**

ADDRESS

Idaho

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers*, who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

STATEMENT OF CAUSE OF DEATH.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia") *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis, tetanus*) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez. Perce
City of Lewiston Idaho
No. _____ St. St. Joseph's Hospital
(If born in hospital or institution give name.)

RECEIVED
DEC 8 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **S** 274328

Registration District No. 1019 State File No. _____
Prim. Registration District No. 96 Local Registrar's No. _____

2. FULL NAME OF CHILD Hoduffer Stilham

3. Sex <u>M</u>	If plural births <u>?</u>	4. Twin, triplet, or other _____	5. Premature _____	6. Number, in order of birth _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>11-3-</u> , 1938 (Month, Day, Year)
-----------------	---------------------------	----------------------------------	--------------------	------------------------------------	---------------------------	--

9. Full name Kenneth Neil Hoduffer
10. Residence (usual place of abode)
(If non-resident, give place and State) Genesee Idaho
11. Color or race 26 12. Age at last birthday W (years)
13. Birthplace (city or place) Canada
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____
19. _____

18. Full maiden name Veda H Blewett
19. Residence (usual place of abode)
(If non-resident, give place and State) Genesee Idaho
20. Color or race 25 21. Age at last birthday W (years)
22. Birthplace (city or place) Gifford Idaho
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____
19. _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 0 (b) Born alive but now dead. 0 (c) Stillborn. 1
29. If stillborn, period of gestation term } months or weeks
30. Cause of Stillbirth Undetermined } During labor. _____
Before labor. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead 10:00 at 10:00 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) Paul J. Hunsy, M. D.
or _____, Midwife
Address Lewiston Idaho
Filed Dec. 5, 1938 Murphy M.D.
Registrar.

Abstract

• 12 3 4 5 6 7 8 9 10 11 12

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 111895 State File No.....	
County of <u>Nezperce</u>		City of <u>Lewiston, Idaho</u>		CERTIFICATE OF DEATH	
RECEIVED		Registration District No.....		Primary Registration District No..... Local Registrar's No.....	
DEC 8 - 1938		(No. <u>St. Joseph Hospital</u>)		(If death occurred in a hospital or institution, give its name instead of street and number)	
2. FULL NAME <u>Kent Allen Hoduffer</u>					
(a) Residence. No.....		St. <u>Genessee, Idaho</u>		(If nonresident give city or town and state)	
(Usual place of abode)		Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. Color or Race	5. Single, Married, Widow, or Divorced (write the word)			
<u>Male</u>	<u>white</u>	<u>Single</u>			
6a. If married, widowed, or divorced					
HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year)					
<u>November 8, 1938</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.	
<u>Still born</u>					
8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u>					
9. Industry or business in which work was done, as <u>silk mill, saw mill, bank, etc.</u>					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town)..... <u>Lewiston, Idaho</u> (State or country)					
13. NAME <u>Kenneth Hoduffer</u>					
14. BIRTHPLACE (city or town)..... <u>Canada</u> (State or country)					
15. MAIDEN NAME <u>Veda Blewett</u>					
16. BIRTHPLACE (city or town)..... <u>Gifford Idaho</u> (State or country)					
17. INFORMANT <u>Mr. Kenneth Hoduffer</u> (Address) <u>Genessee, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Lewiston, Idaho</u> Date <u>11/10, 1938</u>					
19. UNDERTAKER <u>H. R. Merchant</u> (Address) <u>Clarkston, Wn</u>					
20. FILED <u>Dec 5, 1938</u> <u>McBasky, Md</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>11/8, 1938</u> , to <u>11/8, 1938</u> . I last saw h. <u>Still born</u> . death is said to have occurred on the date stated above, at <u>4</u> m. The principal cause of death and related causes of importance were as follows: <u>Still born fetus at term.</u> <u>Cause undetermined</u>					
Date of onset					
Other contributory causes of importance:					
Name of operation..... Date of.....					
What test confirmed diagnosis..... Was there an autopsy? <u>no</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> Date of injury, 1938. Where did injury occur?..... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. <u>no</u>					
Manner of injury..... <u>no</u>					
Nature of injury.....					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>Paul G. Hanning, M. D.</u> (Address) <u>Lewiston, Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED

DEC 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

274329

CERTIFICATE OF BIRTH

S

1. PLACE OF BIRTH
County of Swain
City of Swain Falls
No. Swain Falls Hospital St.Registration District No. 27 State File No. 728

(If born in hospital or institution give name.)

Prin. Registration District No. 1085 Local Registrar's No. 728

2. FULL NAME OF CHILD

Mark Lauritzen3. Sex male If plural births { 4. Twin, triplet, or other — 5. Number, in order of birth — 6. Premature — Full term yes 7. Legiti- mate? yes 8. Date of birth 11-17-1938 (Month, Day, Year)9. Full name FATHER Fred B. Hodgson18. Full maiden name MOTHER Verda May Lauritzen10. Residence (usual place of abode) 333 2nd Ave N
(If non-resident, give place and State) Swain Falls, Ida19. Residence (usual place of abode) 333 2nd Ave N
(If non-resident, give place and State) Swain Falls, Ida11. Color or race W 12. Age at last birthday 28 (years)20. Color or race W 21. Age at last birthday 28 (years)13. Birthplace (city or place) Swain Falls
(State or Country) Calif22. Birthplace (city or place) Murray
(State or Country) Utah14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass. Technician23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Forest Service24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. Date (month and year) last engaged in this work present, 193825. Date (month and year) last engaged in this work present, 193827. What prophylactic was used to prevent Ophthalmia Neonatorum? none28. Number of children of this mother 2

(At time of this birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation { months or weeks

30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2:47 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Signed) Val B. Fendling, M. D.

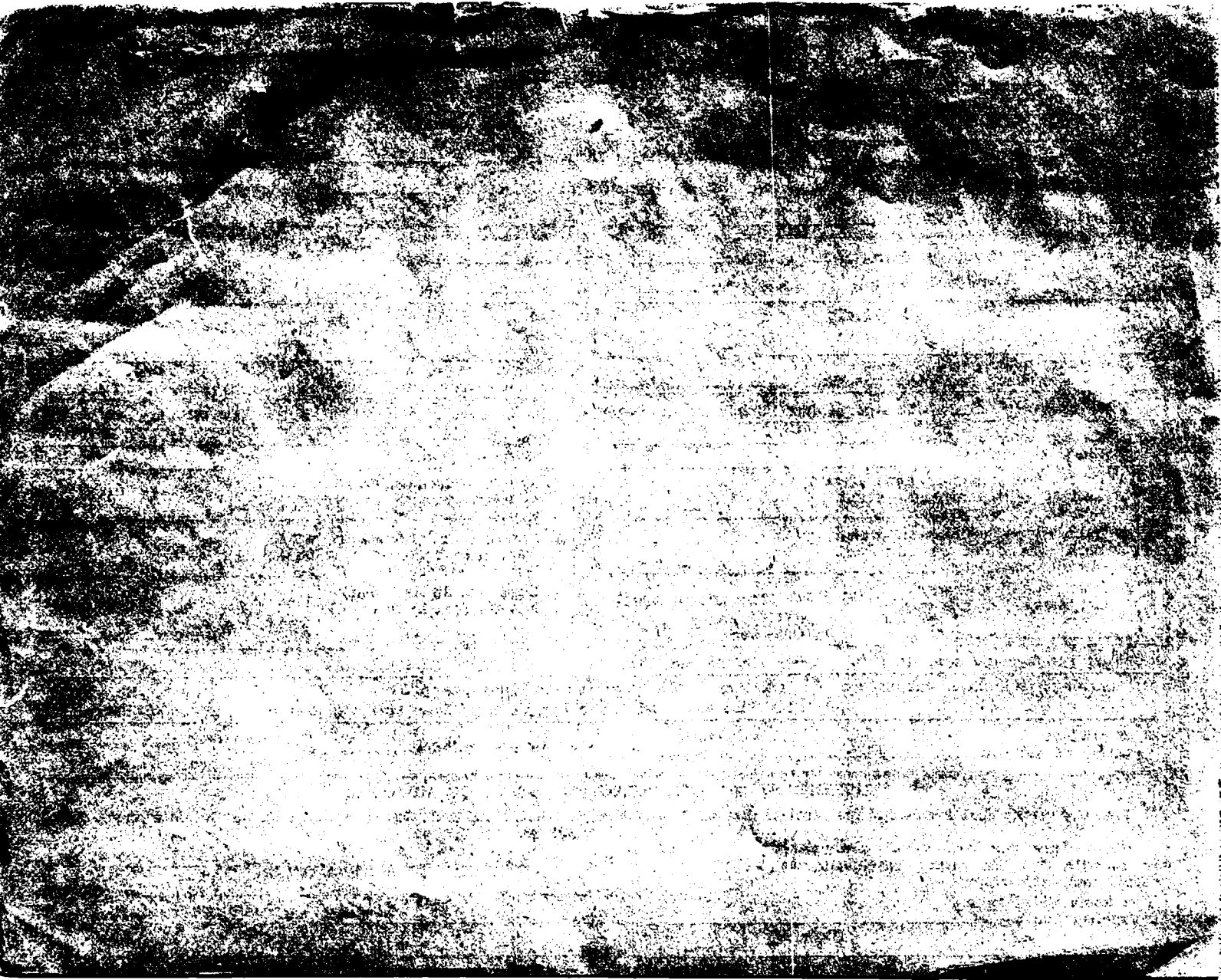
or _____, Midwife

Address 2287 Main St. Swain FallsFiled 12-10, 1938

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.



Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

111896

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

County of Twin Falls Registration Dist. No. 37
City of Twin Falls Primary Reg. Dist. No. 1085
Twin Falls General Hospital Local Registrar's No. 222
(Home, Hospital or Institution)

If death occurred in hospital or institution give its name instead of street and number.

Length of residence in County where death occurred

Yrs.	Mos.	Days

How long in U. S. if of foreign birth?

DEC 13 1938

Yrs.	Mos.	Days

2. FULL NAME Mark Lauritzen Hodgson
(a) Residence: 233 2nd Ave N

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ☒ FEMALE ☐
4. White, Black, Yellow, Red
White
5. Single, Married, Widowed, or Divorced (write the word)
Single

5a. If married, widowed, or divorced Husband of (or) Wife of --

6. Date of Birth (Month, day and year) November 17 - 1938

7. AGE Years Months Days If less than 1 day
0 0 0 hrs. --- min. ---

8. Trade, profession, or particular kind of work done ---

9. Industry or business in which work was done ---

10. Date deceased last worked at this occupation (month and year) ---
11. Total time (yrs.) spent in this occupation ---

12. BIRTHPLACE (City or Town, County and State, or Country)
Twin Falls, Idaho

13. NAME F.B. Hodgson

14. BIRTHPLACE (City or Town, County and State, or Country)
San Diego, California

15. MAIDEN NAME Verda Lauritzen

16. BIRTHPLACE (City or Town, County and State, or Country)
Marion - Utah

17. SIGNATURE OF INFORMANT Fred B. Hodgson
(Address) 233 2nd Ave N

18. BUREAU OF VITALS OR REMOVAL Place Logan - Utah Date 11-18 1938

19. UNDERTAKER S.C. Phillips
(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED
on Nov. 18 1938 by [Signature]
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) November 17 - 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 19

I last saw h. Still on 11-17 1938 Death is said

to have occurred on the date stated above, at The principal cause of death and related causes of importance in order of onset were as follows:

Still birth -
cord around
neck.

Contributory causes of importance not related to principal causes

Date of Onset		
Yr.	Mo.	Day

Where was disease first diagnosed? _____

Name of operation _____ date of _____

Condition for which performed _____

What test confirmed diagnosis? _____

Was there an autopsy? _____ Was there an inquest? _____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury _____

_____, 19____ Where did injury occur? (Specify city or town, county and state)

Check whether injury occurred in industry... home... public place...

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(SIGNED) Valdi B. Lundberg M. D.

(Address) 228 Main Ave. S.
Twin Falls, Ida

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

418-230003-259
1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 101 South Johnson St.
Pocatello General Hospital
(If born in hospital or institution give name.)

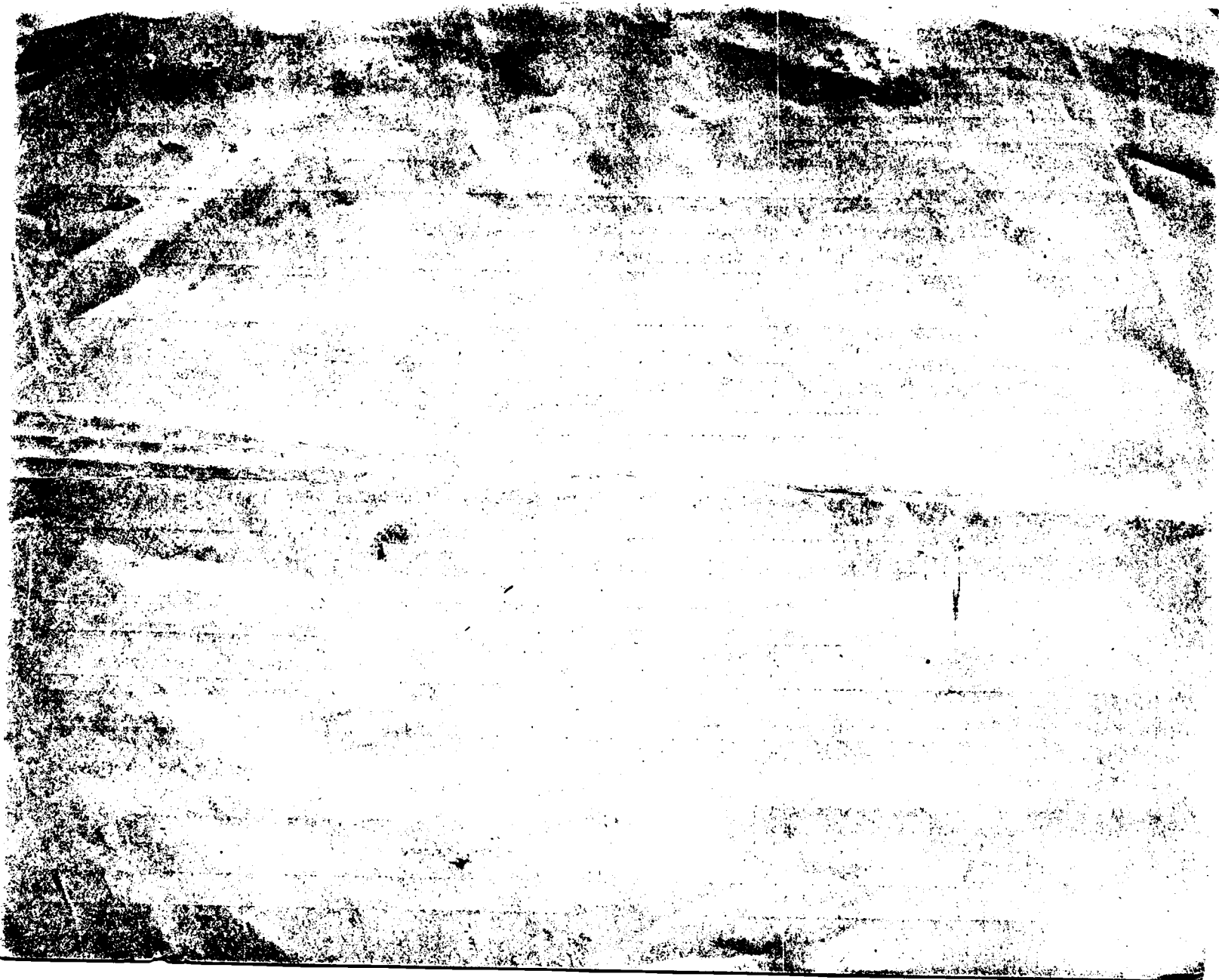
RECEIVED
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JAN 11 1939
CERTIFICATE OF BIRTH
Registration District No. 28 State File No. 875342
Prim. Registration District No. 2161 Local Registrar's No. 712

2. FULL NAME OF CHILD Mays

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature Full term	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>December 30 1938</u> (Month, Day, Year)
9. Full name <u>Carl Floyd Mays</u> FATHER		18. Full maiden name <u>Ruth Elaine Sammon</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Home, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>		
11. Color or race <u>W</u>		20. Color or race <u>W</u>		
12. Age at last birthday <u>27</u> (years)		21. Age at last birthday <u>25</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Home, Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Salt Lake City, Utah</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Father's Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
16. Date (month and year) last engaged in this work <u>At Present, 1938</u>		17. Total time (years) spent in this work <u>5 years</u>		25. Date (month and year) last engaged in this work <u>19</u>
26. Total time (years) spent in this work <u>5 years</u>				

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living None (b) Born alive but now dead None (c) Stillborn One
29. If stillborn, period of gestation 8 1/2 mo { months or weeks }
30. Cause of Stillbirth { Phy. in mother } During labor in Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 1:10 P. M. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Regist. Jan 10 1939
Address Pocatello, Idaho
Filed Jan 10 1939
Regist. W. W. Brothers M. D.
R. L. Ray Midwife



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Blaine
City of Pocatello
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 28
Primary Registration District No. 2161

DO NOT WRITE IN THIS SPACE

State File No. 112346Local Registrar's No. 257

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Mays(a) Residence No. Frank Idaho

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 215
(If nonresident give city or town and state)
Pocatello General Hospital

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female4. Color or Race white5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec 30, 1938

7. AGE

Years

Months

Days

If LESS than
1 day ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. none9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc. Infant10. Date deceased last worked
at this occupation
(mo. and yr.) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE (city or town)
(State or country) Pocatello, Idaho13. NAME Carl Mays14. BIRTHPLACE (city or town)
(State or country) Idaho15. MAIDEN NAME Ruth Serman16. BIRTHPLACE (city or town)
(State or country) Salt Lake City, Utah17. BIRTHPLACE (city or town)
(State or country) Pocatello, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Idaho Date Dec 31, 193819. UNDERTAKER
(Address) W. L. McMan20. FILED Dec 31, 1938Registrar W. W. Fisher

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 193 822. I HEREBY CERTIFY That I attended deceased from
Dec 30, 1938 to Dec 30, 1938I last saw him alive on Dec 30, 1938 death is said
to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Dec 161938

Other contributory causes of importance:

Stillborn

Date of onset

Dec 161938

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an
autopsy? NO23. If death was due to external causes (violence) fill in also
the following:Accident, suicide, or homicide? _____ Date of injury _____
193 _____Where did injury occur? _____
(Specify city or town, county, and state)Specify whether injury occurred in industry, in home, or
in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation
of deceased? Yes If so, specify _____(Signed) W. W. Fisher M. D.

(Address _____)

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other CONTRIBUTORY CAUSES of importance:

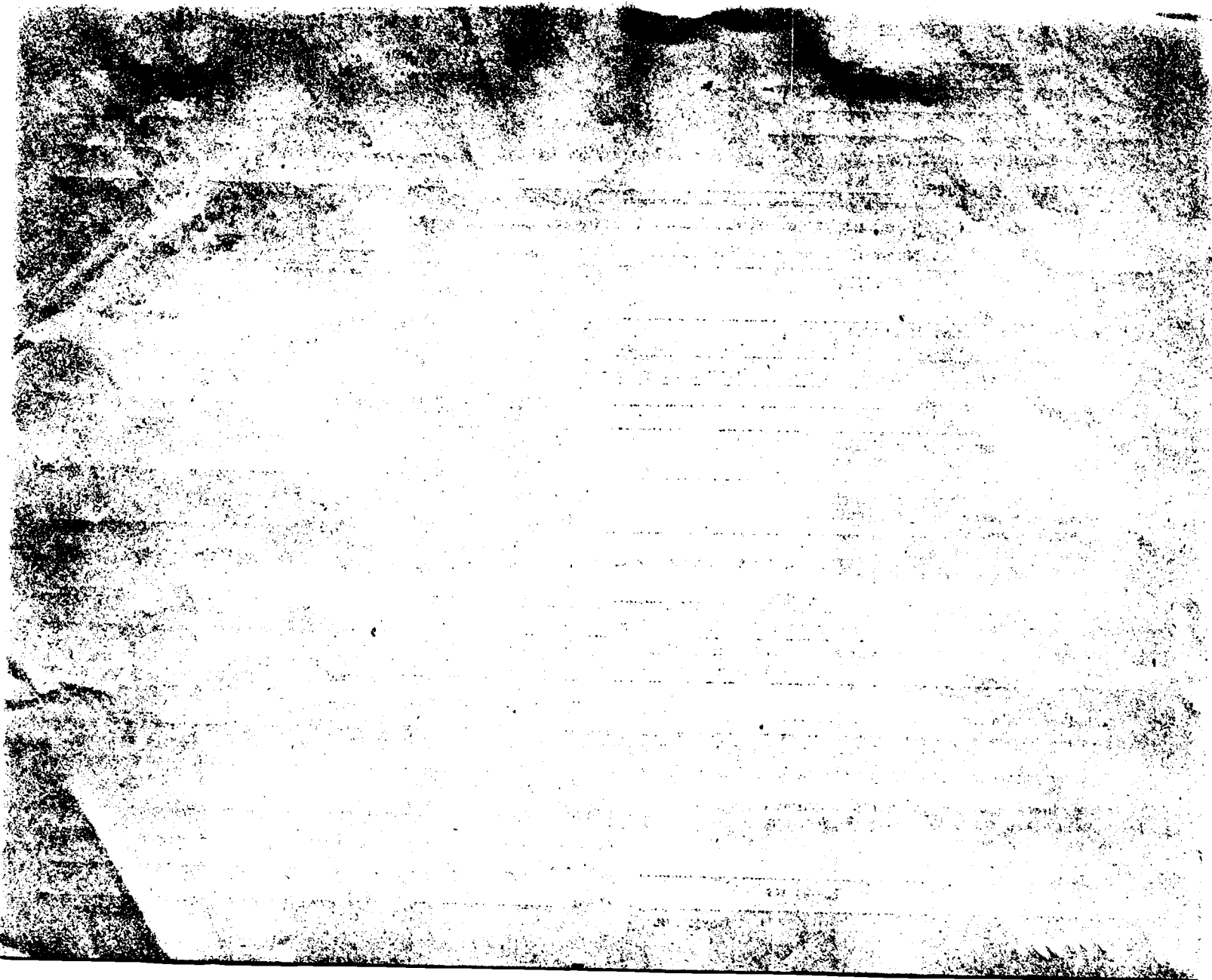
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u> Canyon </u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u> Nampa </u>		BUREAU OF VITAL STATISTICS	
No. <u> St. Mercy Hospital </u>		CERTIFICATE OF BIRTH <u> S 275343 </u>	
Registration District No. <u> 7 </u>		State File No. <u> 473 </u>	
(If born in hospital or institution give name.) <u> Prim. Registration District No. <u> 4006 </u> Local Registrar's No. <u> 473 </u></u>			
2. FULL NAME OF CHILD <u> Steelborn - Howard C. Cox </u>			
3. Sex <u> male </u>	If plural births { 4. Twin, triplet, or other <u> ✓ </u>	6. Premature <u> ✓ </u>	7. Legitimate? <u> yes </u>
	5. Number, in order of birth <u> ✓ </u>	Full term <u> yes </u>	8. Date of birth <u> 6-4, 1938 </u> (Month, Day, Year)
9. Full name <u> Chas. E. Cox </u> FATHER		18. Full maiden name <u> Marjory Allison Adams </u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u> 142 Ave. 26th </u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u> W. 26th </u>	
11. Color or race <u> W. </u>		21. Age at last birthday <u> 26 1/2 </u> (years)	
13. Birthplace (city or place) (State or Country) <u> Idaho </u>		22. Birthplace (city or place) (State or Country) <u> California </u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> Laborer </u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u> Housekeeper </u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u> </u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u> </u>
	16. Date (month and year) last engaged in this work <u> 19 </u>		25. Date (month and year) last engaged in this work <u> 19 </u>
17. Total time (years) spent in this work <u> </u>		26. Total time (years) spent in this work <u> </u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u> 1 </u>			
28. Number of children of this mother (At time of this birth and including this child) <u> 1 </u> (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn.			
29. If stillborn, period of gestation <u> </u> months or weeks		30. Cause of Stillbirth <u> Pressure from hard labor, could not breathe 1/4 birth </u> During labor. <u> ✓ </u> Before labor. <u> </u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u> Steelborn </u> at <u> </u> m. on the date above stated. (Born Alive or Stillborn)			
(Signed) <u> Grace P. Beckner </u> , M. D.			
or <u> </u> , Midwife			
Address <u> Nampa, Idaho </u>			
Filed <u> Jan 6 </u> , 1939 <u> Ryda Rodgers </u> Registrar.			
Give name added from a supplemental report <u> </u> (Date of) <u> </u>			
Registrar. <u> </u>			



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112347
State File No.

JAN 9 1939

Registration District No. 7
Primary Registration District No. 1006 Local Registrar's No. 211

(No. Murray Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Howard C. Cox
(a) Residence No. Nampa Idaho St.
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, and year) 6-4-38
7. AGE Years Months Days If LESS than 1 day hrs. or min.
1 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Idaho
(State or country)

13. NAME Chas. E. Cox

14. BIRTHPLACE (city or town) Grace Idaho
(State or country)

15. MAIDEN NAME Adams

16. BIRTHPLACE (city or town) San Francisco Calif.
(State or country)

17. INFORMANT Chas. E. Cox
(Address) Nampa Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Nampa Idaho Date 6-5, 1938

19. UNDERTAKER F. H. Robinson
(Address) Nampa Idaho

20. FILED Jan 6, 1939 L. H. Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 6-4-1938

22 I HEREBY CERTIFY, That I attended deceased from 6-4-1938, to 6-4-1938, 1938

I last saw him alive on 1938; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still born
Pressure from head during
compression and caused
Other contributory causes of importance:
child birth

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1938

Where did injury occur?
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harold B. Bennett M. D.
(Address) Nampa Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH County of <u>Bonniwell</u> City of <u>Idaho Falls</u> No. <u>379 Lava St</u> St.		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 275344
RECEIVED JAN 11 1939 Registration District No. <u>73</u>		State File No. <u>1150</u>		Local Registrar's No. <u>812</u>
(If born in hospital or institution give name.) Prim. Registration District No. <u>1150</u> Local Registrar's No. <u>812</u>				
2. FULL NAME OF CHILD <u>Still birth</u>				
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>—</u> 5. Number, in order of birth <u>—</u>	6. Premature <u>—</u> Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Dec 4, 1938</u> (Month, Day, Year)
9. Full name <u>Gas Parley Howard</u>	FATHER		18. Full maiden name <u>Elizabeth Joyce Humphrey</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rigby Rt #</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rigby Rt #</u>		
11. Color or race <u>white</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>35</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Rigby Rt. #2</u>		22. Birthplace (city or place) (State or Country) <u>Idaho Falls, Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Utah Idaho Sugar Co</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>—</u>	
	16. Date (month and year) last engaged in this work <u>Dec 4, 1938</u>	17. Total time (years) spent in this work <u>11 seasons</u>	25. Date (month and year) last engaged in this work <u>Dec 3, 1938</u>	26. Total time (years) spent in this work <u>13 1/2 yrs</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>none</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>8 1/2 mo</u> { months or weeks				
30. Cause of stillbirth <u>Placental</u> { Before labor <u>yes</u> During labor <u>—</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

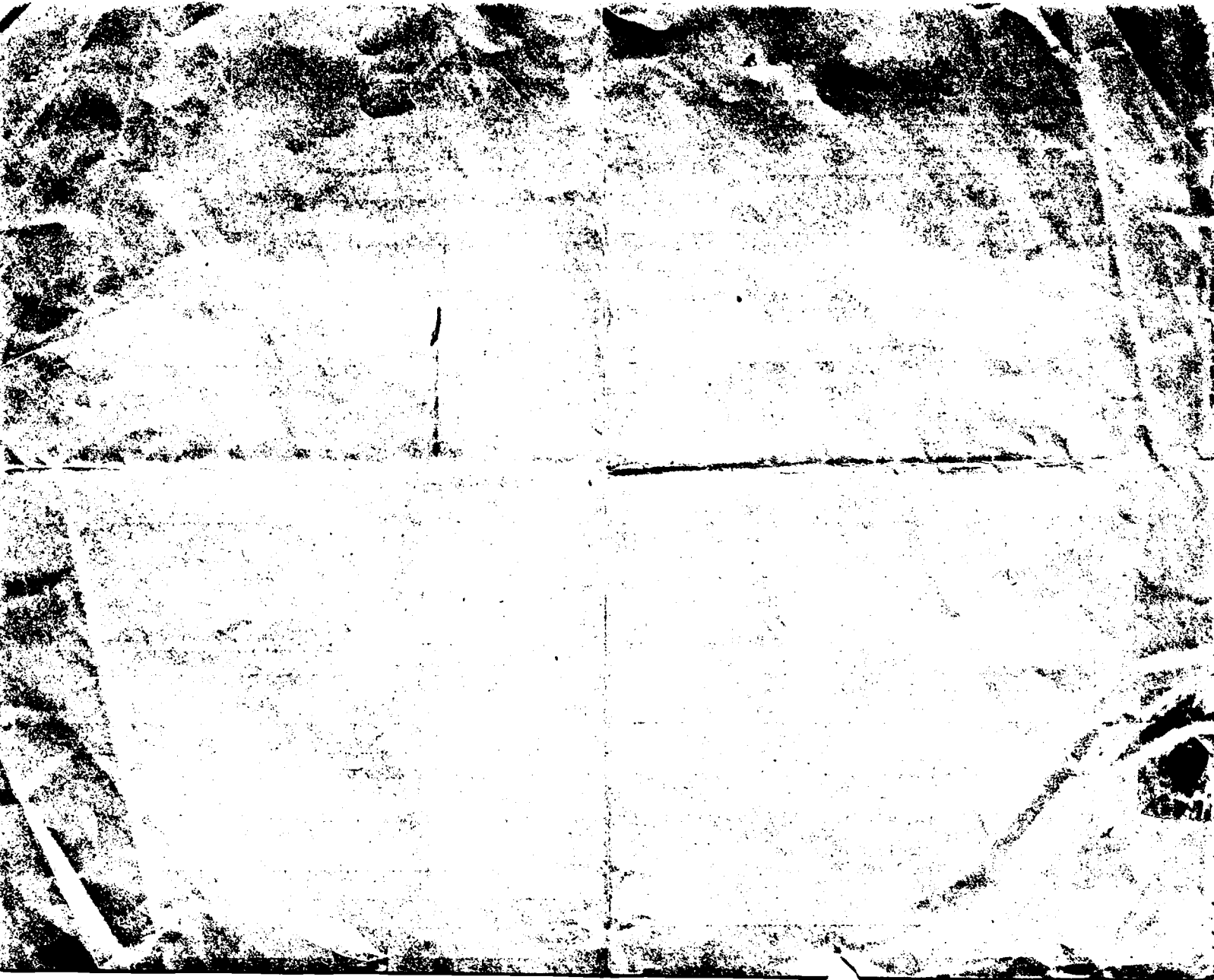
I hereby certify that I attended the birth of this child, who was Stillborn at 6:40 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report

(Signed) [Signature] M. D.
or Idaho Falls Midwife
Address Idaho Falls

(Date of)

Filed Int 193 8 Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH Bonneville STATE OF IDAHO
 County of Bonneville DEPARTMENT OF PUBLIC WELFARE
 City of City of Idaho Falls BUREAU OF VITAL STATISTICS
 KE. 73 **CERTIFICATE OF DEATH**

DO NOT WRITE IN THIS SPACE
 112348
 State File No. _____

JAN 11 1939

Registration District No. 73

Primary Registration District No. 2 100

Local Registrar's No. 275

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth

(a) Residence No. _____

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX male 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) born before 7/4

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Dec 4 1938

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Idaho Falls, Idaho (State or country)

13. NAME Jas P. Howard

14. BIRTHPLACE (city or town) Idaho Falls, Idaho (State or country)

15. MAIDEN NAME Eliz J. Humphreys

16. BIRTHPLACE (city or town) Idaho Falls, Idaho (State or country)

17. INFORMANT Father (Address) James P. Howard

18. BURIAL, CREMATION OR REMOVAL Place D. S. Hospital Date Dec 4, 1938

19. UNDERTAKER none (Address) _____

20. FILED Dec 7, 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1938

22 I HEREBY CERTIFY, That I attended deceased from _____ to _____, 1938

I last saw him alive 174 before death; death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Asphyxia due to torsion of placenta 11/20

Date of onset _____

Other contributory causes of importance:
Sclerosis of placenta

Name of operation normal delivery Date of 174/38

What test confirmed diagnosis? _____ Was there an autopsy? clinical exam.

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Dr. M. D.

(Address) Idaho Falls

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO	
County of <u>Bonneville</u>		JAN 11 1939		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Idaho Falls</u>				BUREAU OF VITAL STATISTICS	
No. <u>L. D. S. Hospital</u>		Registration District No. <u>73</u>		State File No. <u>275345</u>	
(If born in hospital or institution give name.)		Prior Registration District No. <u>21N-6</u>		Local Registrar's No. <u>722</u>	
2. FULL NAME OF CHILD <u>Still born</u>					
3. Sex <u>boy</u>	If plural births {	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature <u>5/24</u>	7. Legitimate? <u>yes</u>
				8. Date of birth <u>1-16-1938</u>	(Month, Day, Year)
9. Full name <u>Frank King Rodger</u>	FATHER			18. Full maiden name <u>Pearl Syler</u>	MOTHER
10. Residence (usual place of abode) <u>RD #1 Idaho Falls</u>			Residence (usual place of abode) <u>RD #1 Idaho Falls</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>White</u>	12. Age at last birthday <u>3 1/4</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>3 1/4</u> (years)		
13. Birthplace (city or place) <u>Idaho Falls</u>			22. Birthplace (city or place) <u>Idaho Falls</u>		
(State or Country)			(State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rented</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>
	16. Date (month and year) last engaged in this work <u>Nov. 1938</u>				25. Date (month and year) last engaged in this work <u>Nov. 1938</u>
17. Total time (years) spent in this work <u>10 years</u>			26. Total time (years) spent in this work <u>10</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Saline</u>					
28. Number of children of this mother <u>5</u>			(At time of this birth and including this child)		
(a) Born alive and now living <u>4</u>			(b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>		
29. If stillborn, period of gestation {			30. Cause of stillbirth {		
months or weeks			Before labor		
			During labor		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 3 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

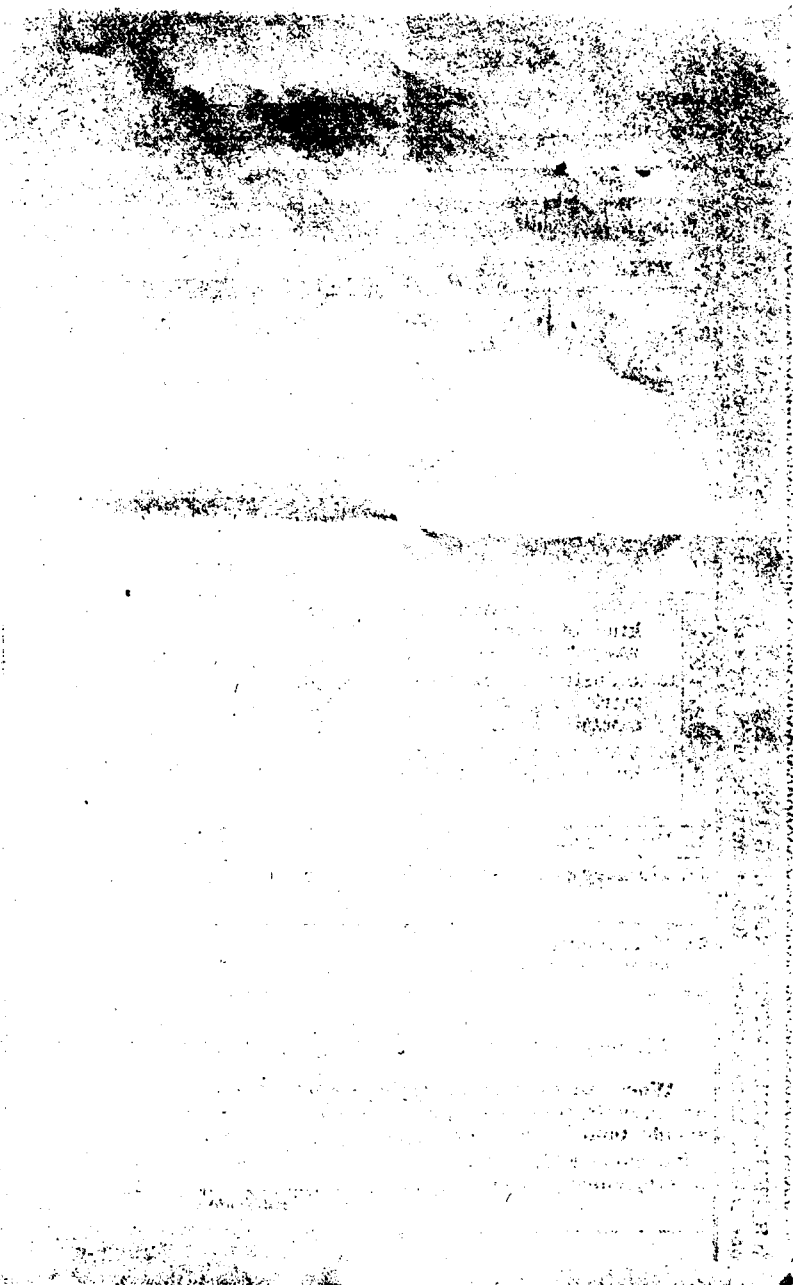
(Signed) Harper Bulley, M. D.

or _____, Midwife

Address Richy, Idaho

Filed Dec. 16, 1938 at Idaho Falls

Registrar.



UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, the name of each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bond
City of Bonham, Texas
No. 275347
REGISTRATION DISTRICT No. 29 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JAN 10 1939
CERTIFICATE OF BIRTH
S
275347
Registration District No. 29 State File No. 2156

(If born in hospital or institution give name.) Prim. Registration District No. 2156 Local Registrar's No. 2156

2. FULL NAME OF CHILD Virginia Marie Daniel

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ✓ 7. Legitimate ✓ 8. Date of birth Dec 28, 1928 (Month, Day, Year)

9. Full name FATHER Russell Eugene Daniel 18. Full maiden name MOTHER Reed Pauline Krueger

10. Residence (usual place of abode) (If non-resident, give place and state) Bonham, Texas 19. Residence (usual place of abode) (If non-resident, give place and state) Bonham, Texas

11. Color or race Wh 12. Age at last birthday 27 (years) 20. Color or race Wh 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Galveston, Texas 22. Birthplace (city or place) (State or Country) Morton, Minnesota

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Dec, 1928 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

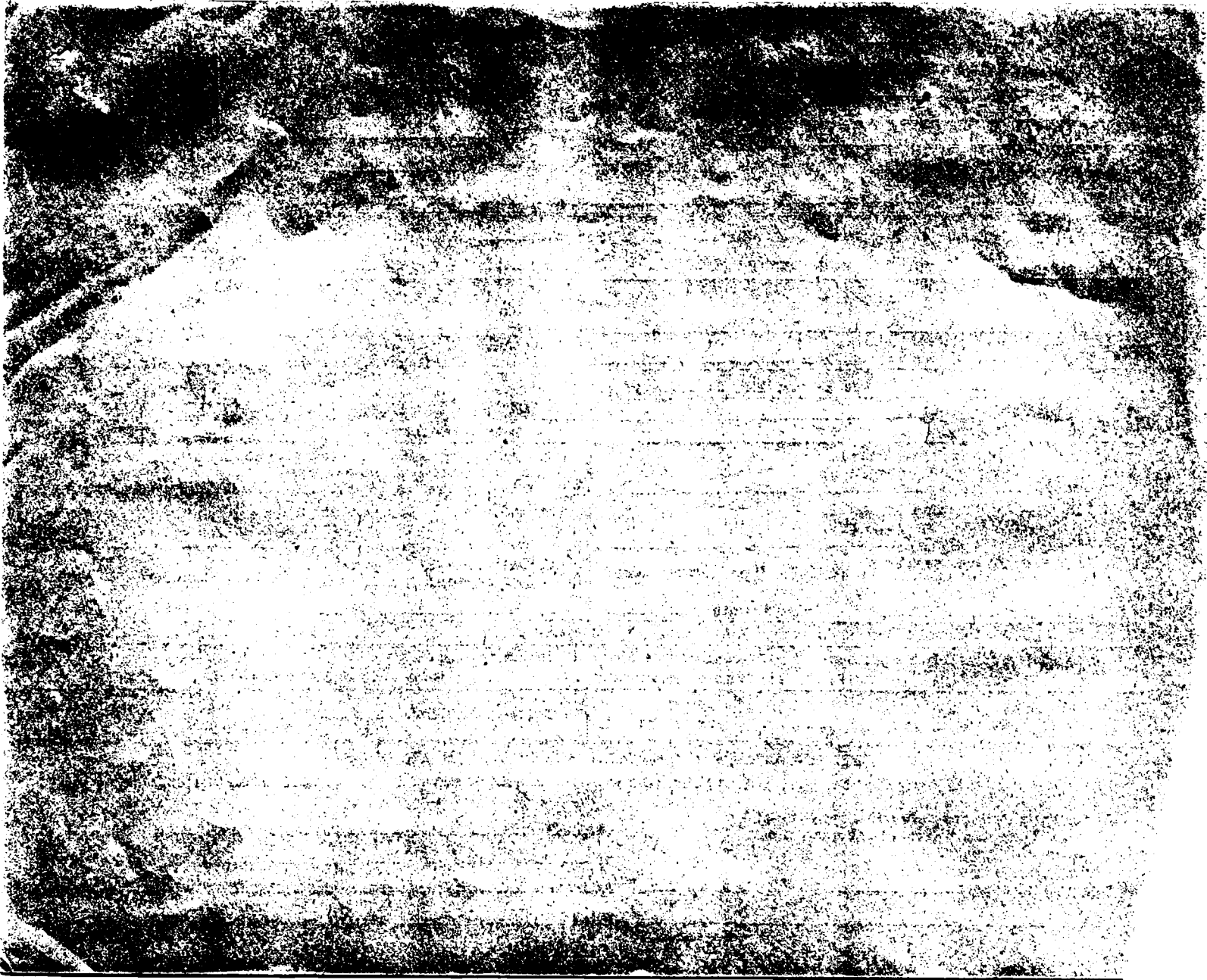
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Stillborn at 10:17 m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar. Russell Eugene Daniel M. D. Bonham, Texas Midwife Russell Eugene Daniel Address Bonham, Texas Filed Dec 29, 1928 Registrar. Russell Eugene Daniel



112351

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of BoundaryCity of Bonner Ferry

CERTIFICATE OF DEATH

State File No.

RECEIVED

Registration District No. 29

JAN 10 1939

Primary Registration District No. 2154

Local Registrar's No.

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Virginia Marie Daniel

(a) Residence. No.

St.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28 - 19387. AGE Years Months Days If LESS than 1 day... hrs. or ... min. Stillborn

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bonner Ferry (State or country) Idaho13. NAME Russel Daniel14. BIRTHPLACE (city or town) Idaho (State or country)15. MAIDEN NAME Pearl Freiger16. BIRTHPLACE (city or town) Idaho (State or country)17. INFORMANT (Address) Russel Daniel
Bonner Ferry18. BURIAL, CREMATION OR REMOVAL Bonner Ferry Date Dec 31 193819. UNDERTAKER (Address) H. P. Brown
Bonner Ferry20. FILED Jan 21, 1939 Registrar. Antony

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 193...., to 193....

I last saw him alive on 193....; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn
Poorly developed placenta

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..., 193.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation

deceased?.... If so, specify

(Signed) Russel Daniel M. D.(Address) Bonner Ferry Idaho

MARGIN RESERVED FOR BINDING

N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
<i>Gallstones</i>	May 1, 1923

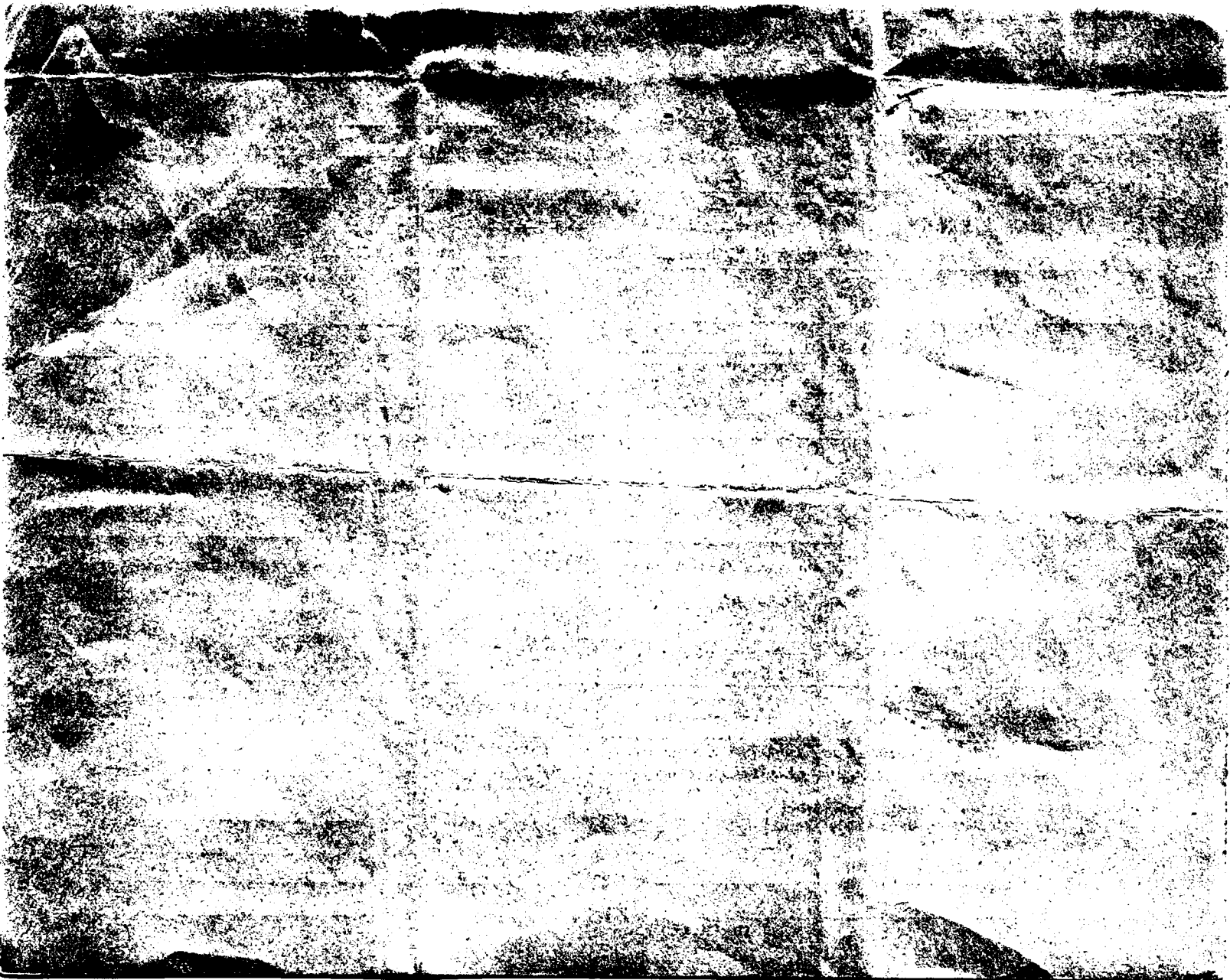
EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Fresno</u> City of <u>Marysville</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 275348	
(If born in hospital or institution give name.)		Registration District No. <u>102</u> State File No. _____	
2. FULL NAME OF CHILD <u>Ella Gunter</u>		Prim. Registration District No. <u>6</u> Local Registrar's No. _____	
3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other <u>Twin</u> 5. Number, in order of birth <u>2</u>	6. Premature <u>Yes</u>	7. Legitimate? <u>Yes</u>
8. Date of birth <u>Sept. 5, 1938</u> (Month, Day, Year)			
9. Full name <u>Walter D. Gunter</u> FATHER		18. Full maiden name <u>Marjorie Spencer</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Marysville</u>		19. Residence (usual place of abode) (If non-resident, give place and State) _____	
11. Color or race <u>W</u> 12. Age at last birthday <u>33</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>25</u> (years)	
13. Birthplace (city or place) <u>Whitehall N. Carolina</u> (State or Country)		22. Birthplace (city or place) <u>Marysville</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn <u>Yes</u>			
29. If stillborn, period of gestation <u>8 1/2 months</u> { months or weeks		30. Cause of Stillbirth <u>Premature</u> { Before labor <u>Before labor</u> During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> <u>5:08</u> m. on the date above stated. (Born Alive or Stillborn)			
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		(Signed) <u>David E. Harris</u> , M. D.	
Give name added from a supplemental report _____		or _____, Midwife	
(Date of) _____		Address <u>Ash-ton Idaho</u>	
Registrar. _____		Filed <u>12-1</u> , 193 <u>8</u> <u>Levenson</u> Registrar.	



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE	
County of <u>Fremont</u>		BUREAU OF VITAL STATISTICS		112352	
City of <u>Marysville</u>		CERTIFICATE OF DEATH		.State File No.	
RECEIVED		Registration District No. <u>102</u>		Local Registrar's No.	
		Primary Registration District No. <u>6</u>			
JAN 10 1939		(No.)		(If death occurred in a hospital or institution, give its name instead of street and number.)	
2. FULL NAME <u>Ellen Gunter</u>					
(a) Residence. No. <u>Marysville</u>		St.		(If nonresident give city or town and state)	
Length of residence in city or town where death occurred. yrs. mos. ds.		How long in U. S., if of foreign birth? yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					
6. DATE OF BIRTH (month, day, and year) <u>9-5-38</u>					
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>At Home</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Marysville</u>					
13. NAME <u>Margorie Walter Gunter</u>					
14. BIRTHPLACE (city or town) (State or country) <u>Matthew N. C.</u>					
15. MAIDEN NAME <u>Margorie Spencer</u>					
16. BIRTHPLACE (city or town) (State or country) <u>Marysville Ida</u>					
17. INFORMANT (Address) <u>Mrs. Walter Gunter</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Chapel</u> Date <u>9/5</u> , 1938					
19. UNDERTAKER (Address) <u>Senior River</u>					
20. FILED <u>12/31</u> , 1938 <u>Senior River</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Sept. 5</u> 1938					
I HEREBY CERTIFY, That I attended deceased from <u>Dec. 5</u> , 1937, to <u>Sept. 5</u> , 1938.					
I last saw h. alive on, 1938; death is said to have occurred on the date stated above, at m.					
The principal cause of death and related causes of importance were as follows:					
<u>Stillbirth</u>					
Other contributory causes of importance:					
Name of operation <u>Delivered</u> Date of onset <u>Sept. 5-38</u>					
What test confirmed diagnosis <u>Physical</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following:					
Accident, suicide, or homicide? <u>No</u> Date of injury, 1938.					
Where did injury occur? (Specify city or town, county, and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>David C. Harris</u> , M. D.					
(Address) <u>Ashton Idaho</u>					

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UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Other CONTRIBUTORY CAUSES of importance:

Gallstones

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate return must be made for each, and the number of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		S	
County of <u>Idaho</u>		RECEIVED		CERTIFICATE OF BIRTH		275349			
City of <u>Stites</u>		JUN 9 1938		Registration District No. <u>106</u>		State File No.			
No. <u>5</u> St.				Prim. Registration District No. <u>2184</u>		Local Registrar's No. <u>102</u>			
(If born in hospital or institution give name.)									
2. FULL NAME OF CHILD <u>Karen Louise Meinen</u>									
3. Sex <u>Female</u>		4. Twin, triplet, or other		5. Premature <u>No</u>		6. Legiti- <u>mate</u>		7. Date of birth <u>Nov 25 1938</u>	
If plural births		5. Number, in order of birth		Full term <u>No</u>		mate <u>Yes</u>		(Month, Day, Year)	
9. Full name FATHER <u>Rosecoe Gilbert Meinen</u>					18. Full maiden name MOTHER <u>Esther Elvina Westman</u>				
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Stites</u>					19. Residence (usual place of abode) (If non-resident, give place and State) <u>Stites</u>				
11. Color or <u>White</u>					20. Color or <u>White</u>				
12. Age at last birthday <u>32</u> (years)					21. Age at last birthday <u>30</u> (years)				
13. Birthplace (city or place) (State or country) <u>Stites Idaho</u>					22. Birthplace (city or place) (State or country) <u>Wenona Idaho</u>				
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc					23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.				
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>					24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>				
16. Date (month and year) last engaged in this work <u>Nov 25 1938</u>					25. Date (month and year) last engaged in the work <u>Nov 25 1938</u>				
17. Total time (years) spent in this work <u>14</u>					26. Total time (years) spent in this work <u>4</u>				
27. What prophylactic was used to prevent Ophthalmia Neonatorum?									
28. Number of children of this mother (At time of this birth and including this child)									
(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>									
29. If stillborn, period of gestation <u>8 mo</u> months or weeks									
30. Cause of stillbirth <u>Unknown - hemorrhage</u> Before labor <u>Yes</u> During labor <u>Yes</u>									

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8:15 p.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) A. W. Wentworth, M. D.

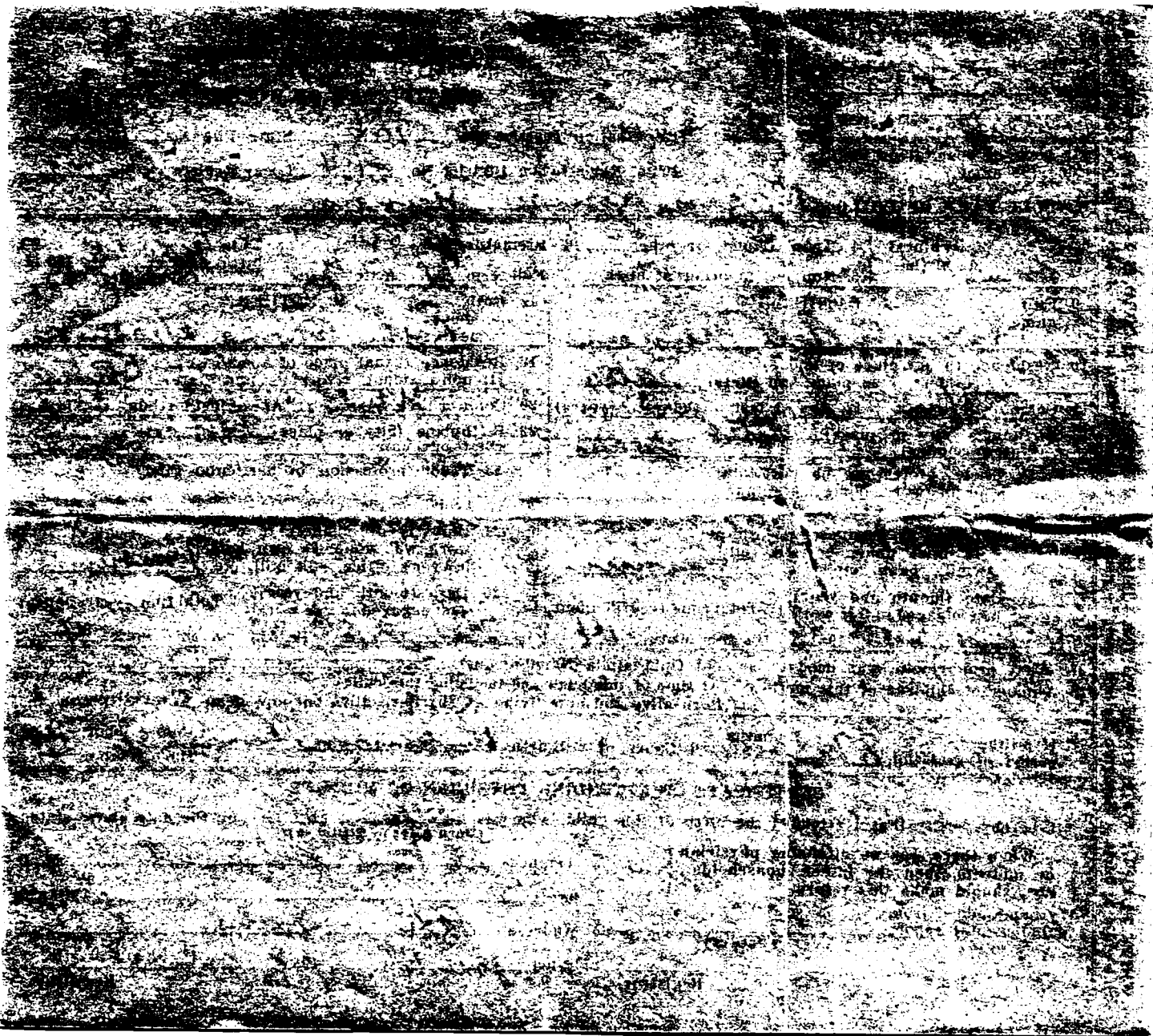
or _____, Midwife

Address Stites - Idaho

Filed Jan 4, 1938 J. M. Baker Registrar.

Give name added from a supplemental report. _____ (Date of) _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Idaho
City of Stites
RECORDED

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 106
Primary Registration District No. 2184

DO NOT WRITE IN THIS SPACE
State File No. 112353

Local Registrar's No. 215

(No. _____)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Karen Louise Meinen

(a) Residence No. _____ St. Stites Idaho
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
6. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant
6. DATE OF BIRTH (month, day, and year) Jun 25 - 1938
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. Born dead

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (mo. and yr.) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Stites (State or country) Idaho

13. NAME Roscoe Gilbert Meinen

14. BIRTHPLACE (city or town) Stites (State or country) Idaho

15. MAIDEN NAME Ester Elvina Westman

16. BIRTHPLACE (city or town) Winona (State or country) Idaho

17. INFORMANT Roscoe G. Meinen (Address) Stites

18. BURIAL, CREMATION OR REMOVAL Place Stites Date 11/26, 1938

19. UNDERTAKER Meinen family (Address) _____

20. FILED Jan 4, 1939 J. W. Westworth Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, and year) Nov 25th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 25th, 1938, to Nov 25th, 1938

I last saw him alive on _____ 193____: death is said to have occurred on the date stated above, at 8:30 p. m.
The principal cause of death and related causes of importance were as follows:

Stillbirth 8 months
Mother had severe uterine hemorrhage at 4 p.m. - No ap.
parent cause -

Other contributory causes of importance: Placental separation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. W. Westworth D.
(Address) Stites Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood, Ida.
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
Registration District No. 105 State File No. 275350
Prim. Registration District No. 2183 Local Registrar's No. 90

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Stillborn

3. Sex M If plural births { 4. Twin, triplet, or other Triplets 7. Legiti-
5. Number, in order of birth 3 Full term Yes mate? Yes 8. Date of birth Dec. 5, 1938
(Month, Day, Year)

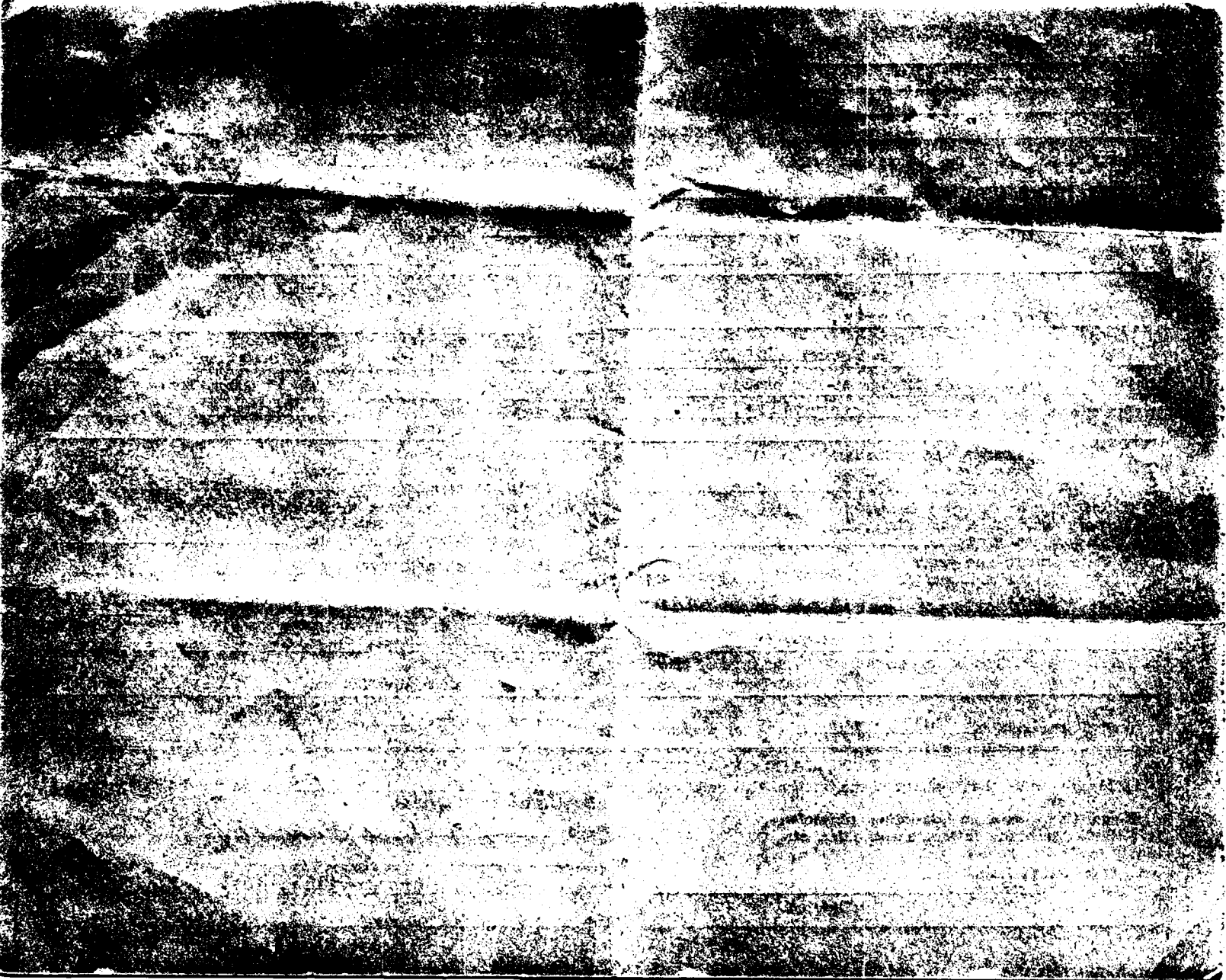
9. Full name FATHER		18. Full maiden name MOTHER	
<u>Ted Lewis Roberts,</u>		<u>Mabel Clara Daley</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>29</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) <u>Grangeville, Ida.</u> (State or Country)		22. Birthplace (city or place) <u>Spokane Wash.</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work <u>Dec., 1938</u>		25. Date (month and year) last engaged in this work <u>Dec., 1938</u>
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work <u>Life</u>	

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 1
29. If stillborn, period of gestation Full term { months or weeks } 30. Cause of stillbirth { Before labor Yes During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at P. m. on the date above stated.
(Signed) B. Chipman, M. D.
or _____, Midwife
Address Grangeville, Ida.
Filed Dec 31, 1938 H. F. Orr Registrar.
By J. B.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

County of Idaho
City of Cottonwood

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

112354

State File No.

Registration District No. 105

Primary Registration District No. 2183

Local Registrar's No. 49

(No. Cottonwood, Ida. Home)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME.....Stillborn.....

(a) Residence. No. Cottonwood, Ida. St. Idaho

(Usual place of abode)		(If nonresident give city or town and state)		
Length of residence in city or town where death occurred.	ysr.	mos.	ds.	How long in U. S., if of foreign birth? ysr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. Color or Race W	5. Single, Married, Widowed or Divorced (write the word) Infant
--------------------	------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Dec. 5, 38

7. AGE	Years	Months	Days	If LESS than 1 day,... hrs. or min.
--------	-------	--------	------	---

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (mo. and yr.)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).... **Cottonwood, ..Ida.**
(State or country)

13. NAME Ted Lewis Roberts

14. BIRTHPLACE (city or town) Grangeville, Ida.
(State or country)

15. MAIDEN NAME Mabel Clara Daley
16. BIRTHPLACE (city or town) .. Spokane, Wash.
(State or country)

17. INFORMANT Mrs. Chandler,
(Address) Cottonwood, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place... Cottonwood, Ida. Date... Dec... 1938

19. UNDERTAKER *None*
(Address)

20. FILED 12-21-1938 *A. F. Orr*
P. & B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h....alive on, 193...: death is said to have occurred on the date stated above, atm. The **principal cause of death** and related causes of importance were as follows: State of mind

Stillborn

Other contributory causes of importance:

[illegible]

What test confirmed diagnosis?.... Was there an autopsy?..

23. If death was due to exter'l causes (violence) fill in also the following:
 Accident, suicide, or homicide?..... Date of injury., 193.
 Where did injury occur?.....
 (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*. If so, specify *no*.....

(Signed) B. Chapman M.D.

(Address) ... Grangeville, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

<i>Gallstones</i>	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

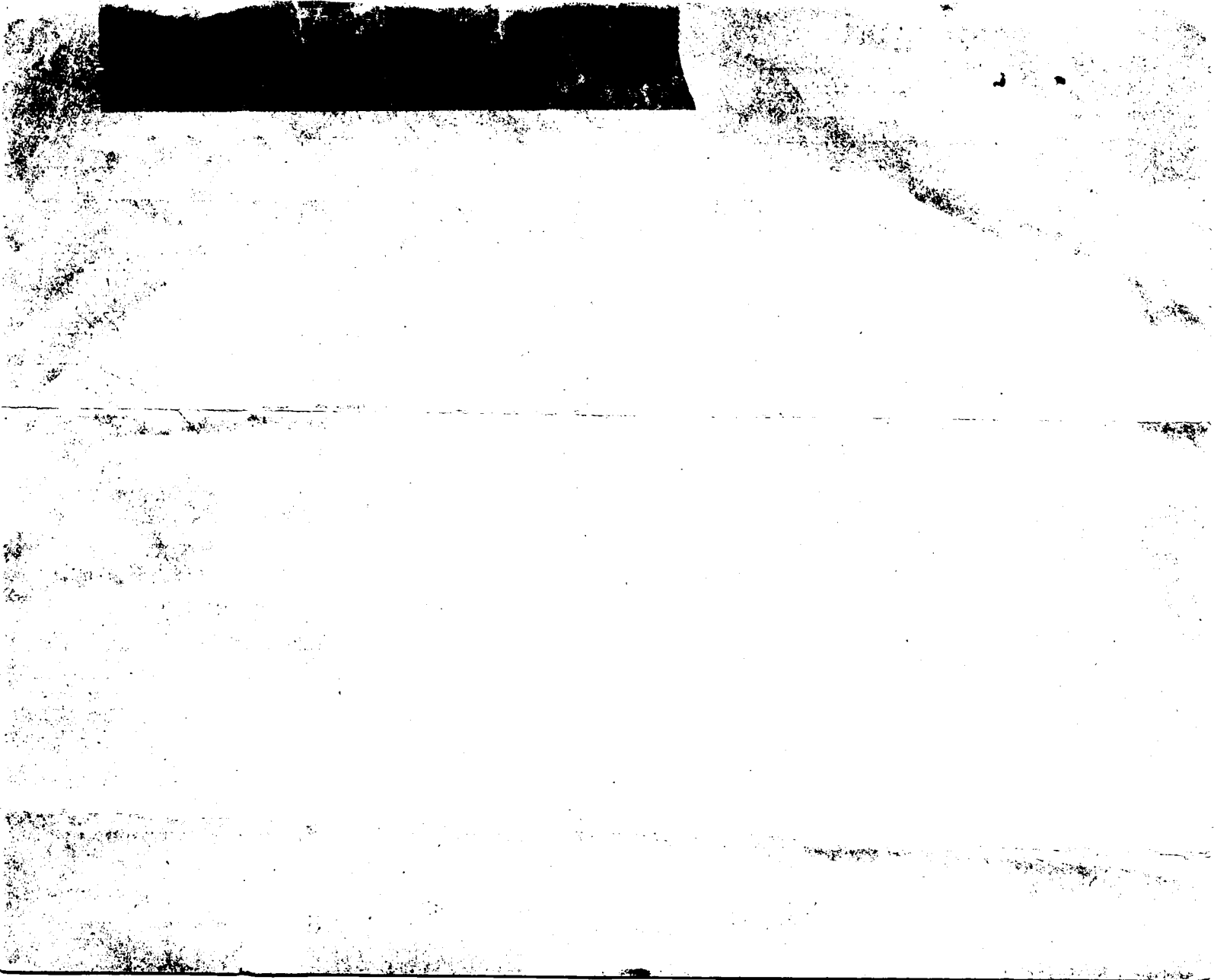
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Other CONTRIBUTORY CAUSES of importance:

<i>Gastroenteritis</i>	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Jefferson
City of Rigby

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112355Registration District No. 98Primary Registration District No. 2176Local Registrar's No. 47(No Goody Maternity Home)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby Williams, Marilyn Louise

(a) Residence No. _____ St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX F. M. 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11/17/1938

7. AGE Years Months Days If LESS than
0 0 0 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rigby, Idaho.
(State or country)

13. NAME Lewis M. Williams.

14. BIRTHPLACE (city or town) Samaria, Idaho.
(State or country)

15. MAIDEN NAME Clara Harrigfeld.

16. BIRTHPLACE (city or town) Squirrel, Ida.
(State or country)

17. INFORMANT L. M. Williams
(Address) Rigby, Idaho.

18. BURIAL, CREMATION OR REMOVAL
Place Ashton, Ida Date 11/18, 1938

19. UNDERTAKER None
(Address)

20. FILED 11-18, 1938 877 2176 98
Registrar

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 11/17/38

22 I HEREBY CERTIFY, That I attended deceased from
_____, 193____, to _____, 193____

I last saw h _____ alive on _____ 193____: death is said
to have occurred on the date stated above, at 6:15P m.

The principal cause of death and related causes of importance were as follows:

Stillborn - premature
(27 wks.) birth Date of onset 11/17/38

Placenta previa

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? no If so, specify _____

Signed J. Harper Cullen, M. D.
(Address) Rigby, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF BIRTH
 County of Lemhi.
 City of Idaho.
 No. P.O. May, Idaho
 RECEIVED
 JAN 11 1939
 STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 275352
 S
 Registration District No. 41 State File No. S

(If born in hospital or institution give name.) Prim. Registration District No. 2116 Local Registrar's No. _____

2. FULL NAME OF CHILD Unnamed Mitchell.

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
 births { 5. Number, in order of birth _____ Full term No mate? Yes 8. Date of birth Dec. 18, 1928
 (Month, Day, Year)

9. Full name FATHER Albert James Mitchell 18. Full maiden name MOTHER Nellie Bernice Mc. Coy

10. Residence (usual place of abode) May, Idaho 19. Residence (usual place of abode) May, Idaho
 (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Weiser, Idaho 22. Birthplace (city or place) Goldburg, Idaho
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, Garage Business 23. Trade, profession, or particular kind of work done, as housekeeper, Housewife
 sawyer, bookkeeper, etc. typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, Automobile 24. Industry or business in which work was done, as own home, Home
 sawmill, bank, etc. lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent
Present time, 19 in this work Present time, 19 in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother I (At time of this birth and including this child)
 (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn I

29. If stillborn, Cause of stillbirth due to months period of gestation previous Undulant { or weeks fever. 30. Cause of Stillbirth { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from _____
 a supplemental report _____
 (Date of) _____

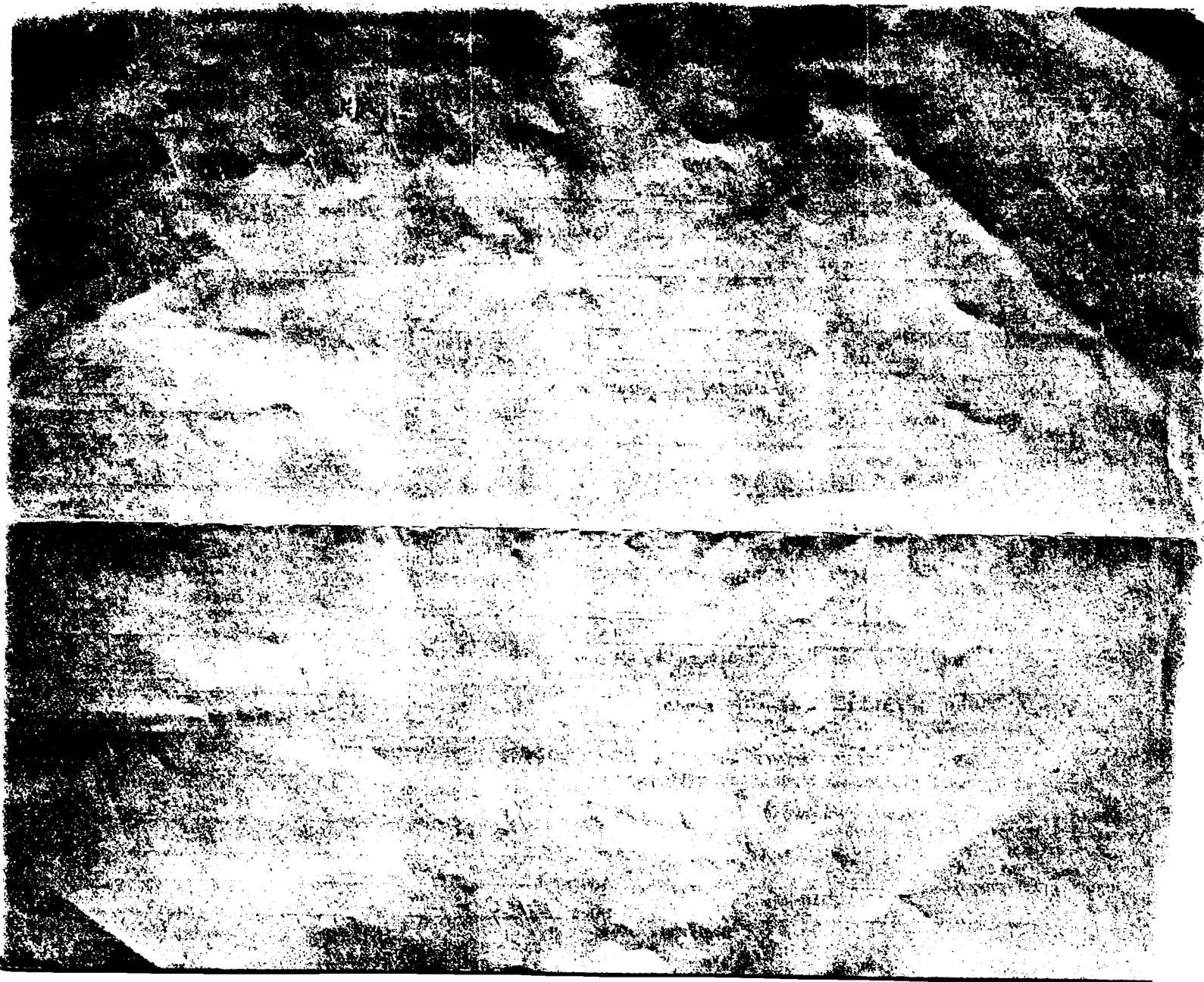
(Signed) C. J. Mitchell (Father), M. D.

or _____, Midwife

Address May, Idaho

Filed 1/9 - 1939 Chis Bellamy
 Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Lemhi.City of May, Idaho

RECEIVED

JAN 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 41Primary Registration District No. 2116

DO NOT WRITE IN THIS SPACE
112356
State File No. _____

Local Registrar's No. _____

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Unnames Mitchell (Stillborn.)(a) Residence. No. Mays, Idaho.

(Usual place of abode)

St. _____

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of (Stillborn)
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)
Dec. 18, 1938

7. AGE Years Months Days If LESS than 1 day 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) May, Idaho
(State or country)

13. NAME Albert James Mitchell
14. BIRTHPLACE (city or town) Weiser, Idaho
(State or country)

15. MAIDEN NAME Nellie Bernice Mc.Coy
16. BIRTHPLACE (city or town) Goldburg, Idaho
(State or country)

17. INFORMANT Albert James Mitchell
(Address) May, Idaho

18. BURIAL, CREMATION OR REMOVAL
Place Patterson, Idaho Date Dec. 18, 1938

19. UNDERTAKER (Acting) B. W. Pies
(Address) May, Idaho

20. FILED 1/9, 1939 Clara Bellamy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____

I last saw him alive on _____, 193____; death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Premature due to
Previous illness of
Undulant fever.
four and 1/2 months in Utero.

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Clara Bellamy (Father) M. D.
(Address) May, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

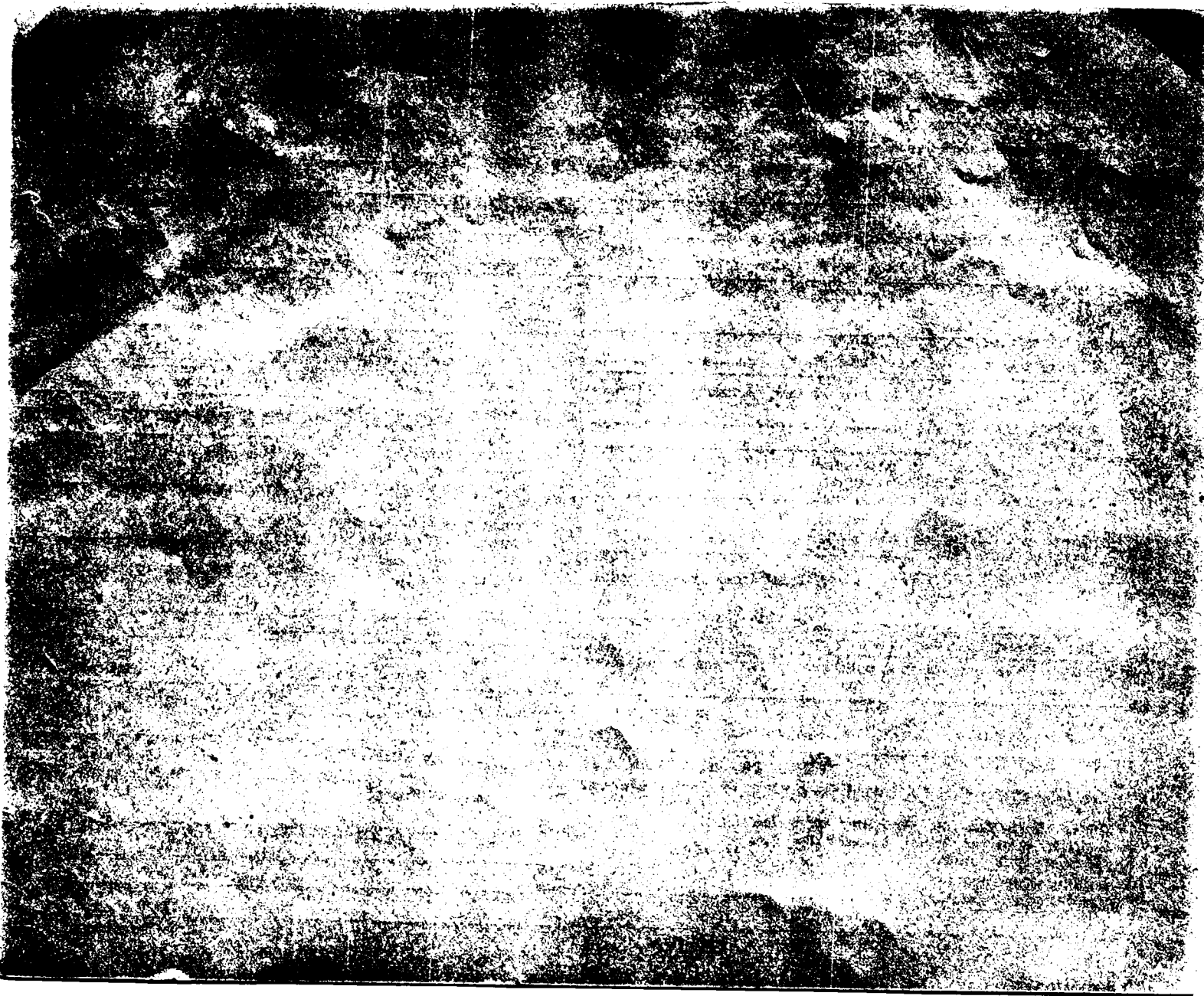
Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated

1. PLACE OF BIRTH County of <u>Madison</u> City of <u>Reynolds</u> No. <u>Sutherland Hospital</u> St. (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS JAN 11 1939 CERTIFICATE OF BIRTH		S 275358	
2. FULL NAME OF CHILD		Registration District No. <u>100</u>		State File No. _____	
3. Sex <u>Female</u> If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>4</u>		6. Premature <u>8 1/2</u> Full term <u>8 1/2</u>		7. Legitimate? <u>yes</u>	
8. Date of birth <u>Dec. 29, 1938</u> (Month, Day, Year)					
9. Full name FATHER <u>Nelson Seamon</u>		18. Full maiden name MOTHER <u>Janette Napman</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Blackfoot, Idaho</u>			
11. Color or race <u>W</u>		12. Age at last birthday <u>31</u> (years)		20. Color or race <u>W</u>	
13. Birthplace (city or place) (State or Country) <u>Togon, Utah</u>		21. Age at last birthday <u>30</u> (years)		22. Birthplace (city or place) (State or Country) <u>Togon, Utah</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u> 16. Date (month and year) last engaged in this work _____		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u> 25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Lot</u>					
28. Number of children of this mother <u>4</u> (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>					
29. If stillborn, period of gestation <u>8 1/2</u> months or weeks		30. Cause of Stillbirth { Before labor _____ During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>Shelley</u> at <u>11:30 PM</u> on the date above stated. (Born Alive or Stillborn)					
(Signed) <u>M. Sutherland</u> , M. D.					
or _____ Midwife					
Address <u>Reynolds, Idaho</u>					
Filed <u>1-19-1939</u> <u>Mrs. H. H. H. H.</u> Registrar.					



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
112557

State File No.

PLACE OF DEATH

County of Madison

City of Reynolds

Registration District No. 100

Primary Registration District No. 2178

Local Registrar's No. 74

JAN 11 1939

(If death occurred in a hospital or institution, give its name instead of street and number.)
Sutherland Hospital

2. FULL NAME Infant Seamons

(a) Residence. No. St.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE w. 5. Single, Married, Widowed, or Divorced (write the word) Baby

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day and year) Dec. 29, 1938

7. AGE Years Months Days If LESS than 1 day, hrs. or min.
0 0 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) Reynolds, Idaho
(State or country)

10. NAME OF FATHER Mildon Seamons

11. BIRTHPLACE OF FATHER (city or town) Logan
(State or Country) Utah

12. MAIDEN NAME OF MOTHER Jessie Dymann

13. BIRTHPLACE OF MOTHER (city or town) Logan
(State or Country) Utah

14. Informant W. L. Sutherland
(Address) Reynolds, Idaho

15. Filled 1-8 1939 Mrs Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH December 29 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

that I last saw him alive on....., 19.....

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Still born
Cause - placenta
of mother
(duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted
if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed

(Signed) W. L. Sutherland M. D.
12-29, 1938 (Address) Reynolds, Idaho

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. Place of Burial, Cremation, or Removal Blackfoot, Idaho Date of Burial 12-30 1938

20. Undertaker 700 Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

DUTY OF LOCAL REGISTRARS.—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		STATE OF IDAHO	
County of <u>Nez Perce</u>		DEPARTMENT OF PUBLIC WELFARE	
City of <u>Lewiston, Idaho</u>		BUREAU OF VITAL STATISTICS	
No. <u>St. Joseph Hospital</u> St.		JAN 9 1939 CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Registration District No. <u>1009</u> State File No. <u>275354</u>	
2. FULL NAME OF CHILD <u>Mary Elsie Rena</u>		Prim. Registration District No. <u>96</u> Local Registrar's No. _____	
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other <u>1</u> 5. Number, in order of birth <u>2</u>	6. Premature <u>yes</u> Legitimate? <u>yes</u>	7. Date of birth <u>Dec 19, 1928</u> (Month, Day, Year)
9. Full name FATHER <u>Henry Rena</u>		18. Full maiden name MOTHER <u>Elsie Sutton</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewiston, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Lewiston, Idaho</u>	
11. Color or race <u>white</u> 12. Age at last birthday <u>40</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>29</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Chester Illinois</u>		22. Birthplace (city or place) (State or Country) <u>Madison Oklahoma</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Tractor Co.</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
	16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>1% Silver Nitrate</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>2</u>		(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>	
29. If stillborn, period of gestation <u>8 mos</u>	{ months or weeks	30. Cause of stillbirth <u>Unknown</u>	{ Before labor <u>yes</u> During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Dead at 11:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

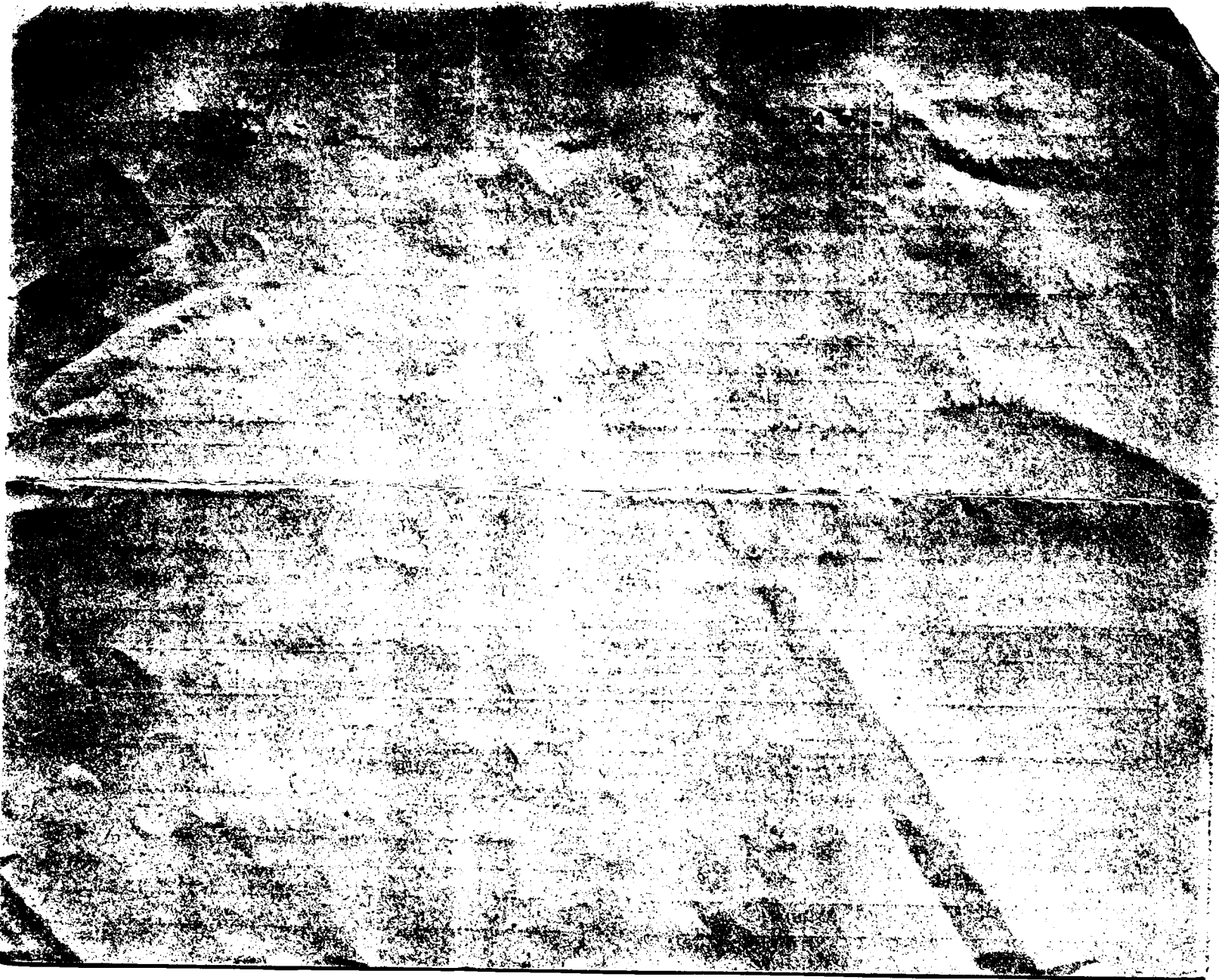
(Signed) Joseph E. Balderson, M.D.

or _____ Midwife

Address Chas. Bldg. Lewiston Idaho

Filed Jan 7, 1937 M.B.M. Jones, M.D.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of NezPerce
City of Lewiston

JAN 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1009

Primary Registration District No. 96

(No. St. Joseph Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

Mary Elsie Reno

2. FULL NAME

(a) Residence No. _____
(Usual place of abode)

St. _____
(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem.	4. Color or Race White	5. Single, Married, Widowed or Divorced. (write the word)
5a. If married, widowed, or divorced HUSBAND of _____ Child (or) WIFE of _____		
6. DATE OF BIRTH (month, day, and year) Dec. 19, 1938		
7. AGE Years 0	Months 0	Days 0
If LESS than 1 day _____ hrs or _____ min		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Lewiston
(State or country) Idaho

13. NAME Henry L Reno
Chester

14. BIRTHPLACE (city or town) Idaho
(State or country)

15. MAIDEN NAME Elsie Sutton

16. BIRTHPLACE (city or town) Oklahoma
(State or country)

17. INFORMANT Henry Reno
(Address) Lewiston Idaho

18. BURIAL, CREMATION OR REMOVAL Burial
Place Lewiston Date Dec. 20, 1938

19. UNDERTAKER Brower Wann Co
(Address) Lewiston Idaho

20. FILED Dec. 31, 1938 MBM McGowan, M.D.
Registrar.

DO NOT WRITE IN THIS SPACE

112358
State File No.

Local Registrar's No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1938, to Dec 18th, 1938.

I last saw him alive on Dec 14th, 1938; death is said to have occurred on the date stated above, at 10:00 m. The principal cause of death and related causes of importance were as follows:

Still Born, Fetal He Bone
not found Dec 17th - 38
Child born Dec 18th
Before and during of birth
Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased No If so, specify _____

(Signed) Joseph L. Baggett, M.D.

(Address) Lewiston Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Power</u> City of <u>American Falls, Idaho</u> No. _____ St. _____		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S
(If born in hospital or institution give name.)		Registration District No. <u>25</u> State File No. <u>275355</u> Prim. Registration District No. <u>2072</u> Local Registrar's No. <u>114</u>		
2. FULL NAME OF CHILD				
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>Twin</u> 5. Number, in order of birth <u>1</u>	6. Premature <u>Yes</u> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec. 18, 1938</u> (Month, Day, Year)
9. Full name <u>Theron Elmer Jolley</u>		18. Full maiden name <u>Theressa Lee Palmer</u>		
10. Residence (usual place of abode) <u>American Falls, Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>American Falls, Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>W</u>		20. Color or race <u>W</u>		
12. Age at last birthday <u>21</u> (years)		21. Age at last birthday <u>21</u> (years)		
13. Birthplace (city or place) <u>Plano, Idaho</u> (State or Country)		22. Birthplace (city or place) <u>Thomas, Idaho</u> (State or Country)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Agriculture</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>	
	16. Date (month and year) last engaged in this work <u>Now, 1938</u>		25. Date (month and year) last engaged in this work <u>Now, 1938</u>	
17. Total time (years) spent in this work <u>3</u>		26. Total time (years) spent in this work <u>3 1/2</u>		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____				
28. Number of children of this mother <u>1</u> (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>26</u> Weeks { months or weeks		30. Cause of Stillbirth <u>Undetermined</u> (During labor. <u>Yes</u>) Before labor _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 3:00AM on the date above stated.
(Born Alive or Stillborn)

(Signed) M. C. Markum, M. D.

or _____, Midwife

Address Aberdeen, Idaho

Filed Dec 31, 1938 Irene Daling

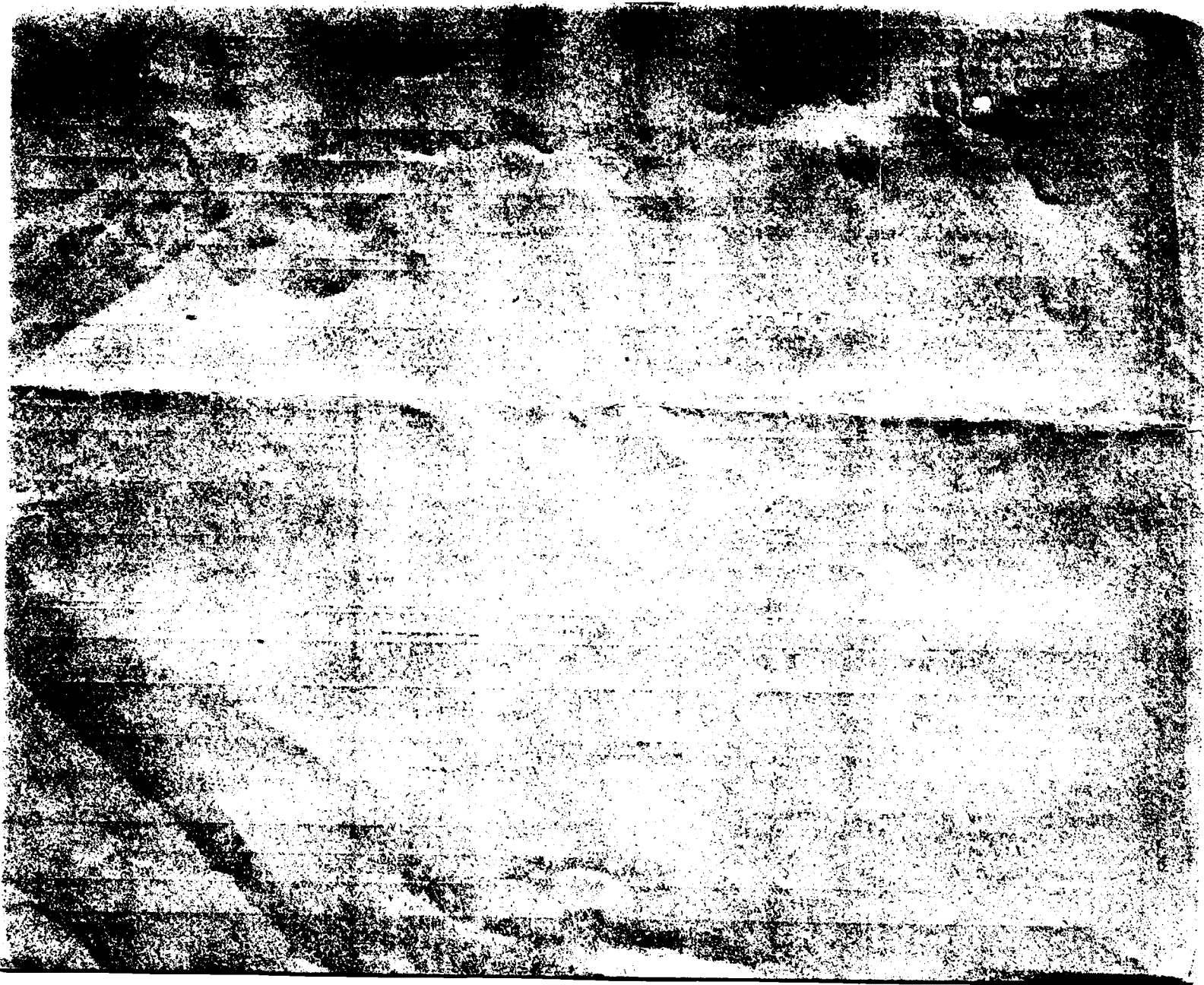
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

112359

PLACE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

County of PowerCity of American Falls,

CERTIFICATE OF DEATH

State File No.

Registration District No. 25Primary Registration District No. 2072Local Registrar's No. 33

(No.)
(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillborn Jolley (Twin 1)(a) Residence. No. st. American Falls, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) -----

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, and year)

Dec. 18, 1938

7. AGE Years Months Days If LESS than 1 day... hrs. or ... min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -----

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (mo. and yr.) ----- 11. Total time (years) spent in this occupation -----

12. BIRTHPLACE (city or town) American Falls, Idaho.
(State or country)

13. NAME Theron Elmer Jolley

14. BIRTHPLACE (city or town) Plano, Idaho.
(State or country)

15. MAIDEN NAME Theressa Lee Palmer

16. BIRTHPLACE (city or town) Thomas, Idaho
(State or country)

17. INFORMANT Theron Elmer Jolley
(Address) American Falls, Idaho.

18. BURIAL Christ Church Cemetery
Place American Falls Idaho. Date Dec 18 1938

19. UNDERTAKER Friends
(Address) American Falls, Idaho.

20. FILED 12-18-1938 John E. Salinger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec. 18 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 193...., to 193....

I last saw him alive on 193.... death is said to have occurred on the date stated above, atm.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stillborn.
Premature Labor 25th Week
(Cause undetermined)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury... 193....

Where did injury occur?.....
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. C. Markham, M. D.(Address) Abardien, Idaho.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan, Idaho
No. 4th Oregon St.

RECEIVED

JAN 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH

275356

(If born in hospital or institution give name.)

Registration District No. 70 State File No. 14

Prim. Registration District No. 1011 Local Registrar's No. 14

2. FULL NAME OF CHILD Baby Boy Delaney

3. Sex Male If plural births { 4. Twin, triplet, or other X 5. Number, in order of birth 1 6. Premature X Full term meter 7. Legitimate Yes 8. Date of birth Nov. 26, 1938 (Month, Day, Year)

9. Full name FATHER Parkin Delaney
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Idaho
11. Color or race W 12. Age at last birthday 21 (years)
13. Birthplace (city or place) Walla Walla, W. (State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miner - Manganese Mine
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19. in this work

18. Full maiden name MOTHER Louise Alma Sullivan
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan, Idaho
20. Color or race W 21. Age at last birthday 19 (years)
22. Birthplace (city or place) Metairie Falls, W.V. (State or country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn 1

29. If stillborn, 4 1/2 mo. } months or weeks 30. Cause of stillbirth Prematurity } Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 10 A. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. (Date of)

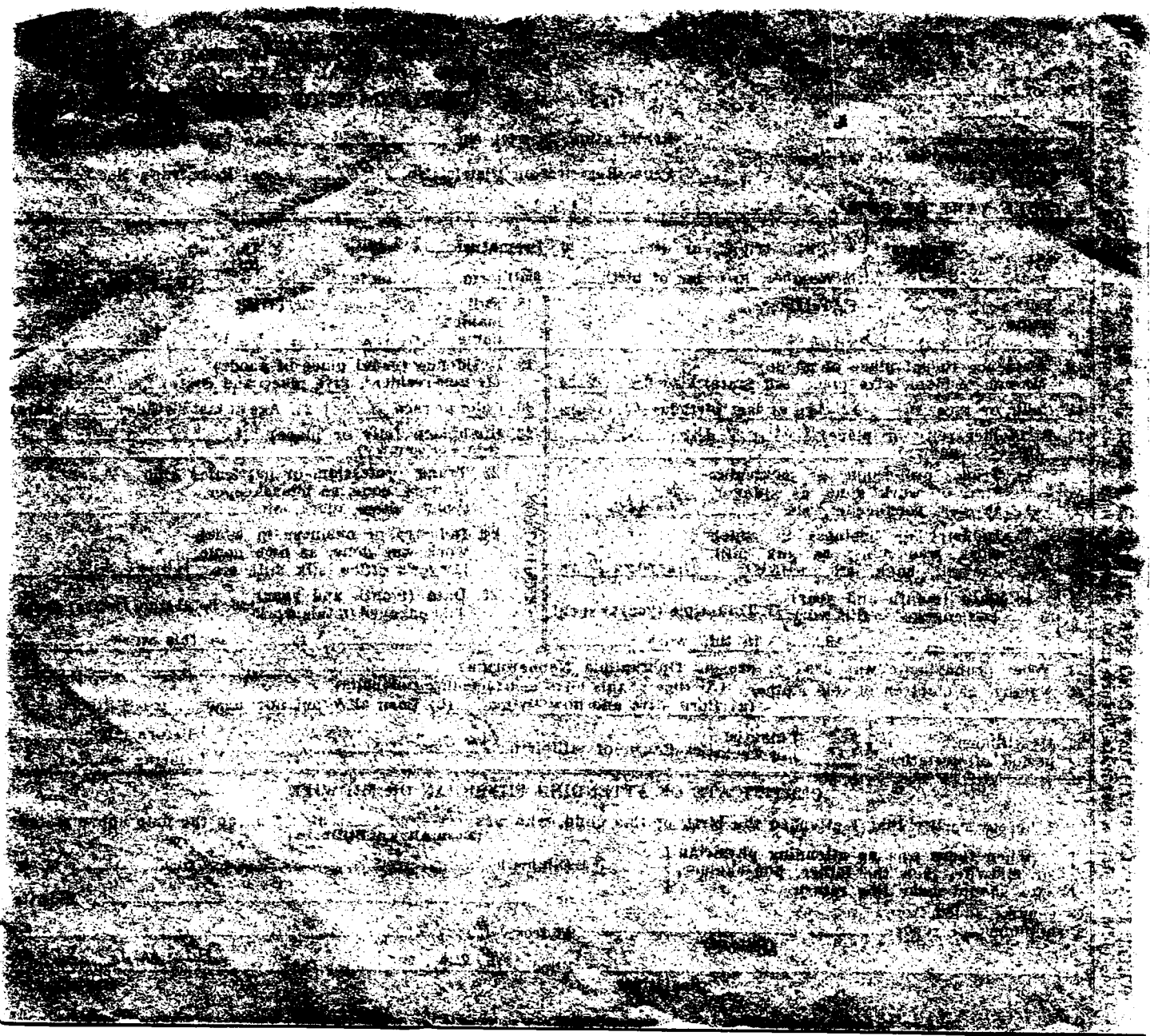
(Signed) [Signature], M. D.
or [Signature], Midwife

Address Walla Walla, Idaho

Filed Dec 2, 1938 [Signature] Registrar.

Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of... ShoshoneCity of... Mullan, IdahoSTATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JAN 10 1939

Registration District No. 70Primary Registration District No. 1011(No. Residence)

DO NOT WRITE IN THIS SPACE

112360

State File No. 79

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Baby boy Delaney(a) Residence No. 416 Oregon Street

(Usual place of abode)

St. Mullan, Idaho

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX m. 4. Color or Race white 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Nov - 26 - 19387. AGE Years 0 Months 0 Days 0 If LESS than 1 day X hrs. 0 or 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Premature

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mullan, Idaho
(State or country)13. NAME Rankin Delaney14. BIRTHPLACE (city or town) Mulla Mulla, Wn.
(State or country)15. MAIDEN NAME Louise Alma Sullivan16. BIRTHPLACE (city or town) Metline Falls,
(State or country)17. INFORMANT Mrs. A. Freeman
(Address) Mullan, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Valley Date Dec 2, 193819. UNDERTAKER
(Address) Waller20. FILED Dec 10, 1938 Registrar. Waller

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Nov 26 193822 I HEREBY CERTIFY, That I attended deceased from
....., 193....., to....., 193.....I last saw h..... alive on..... 193.....; death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity -
4 1/2 months gestation.

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....23. If death was due to exter'l causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 193.....Where did injury occur?.....
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury.....
Nature of injury.....

24 Was disease or injury in any way related to occupation of deceased?..... If so specify

(Signed) Waller M. D.(Address) Waller, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

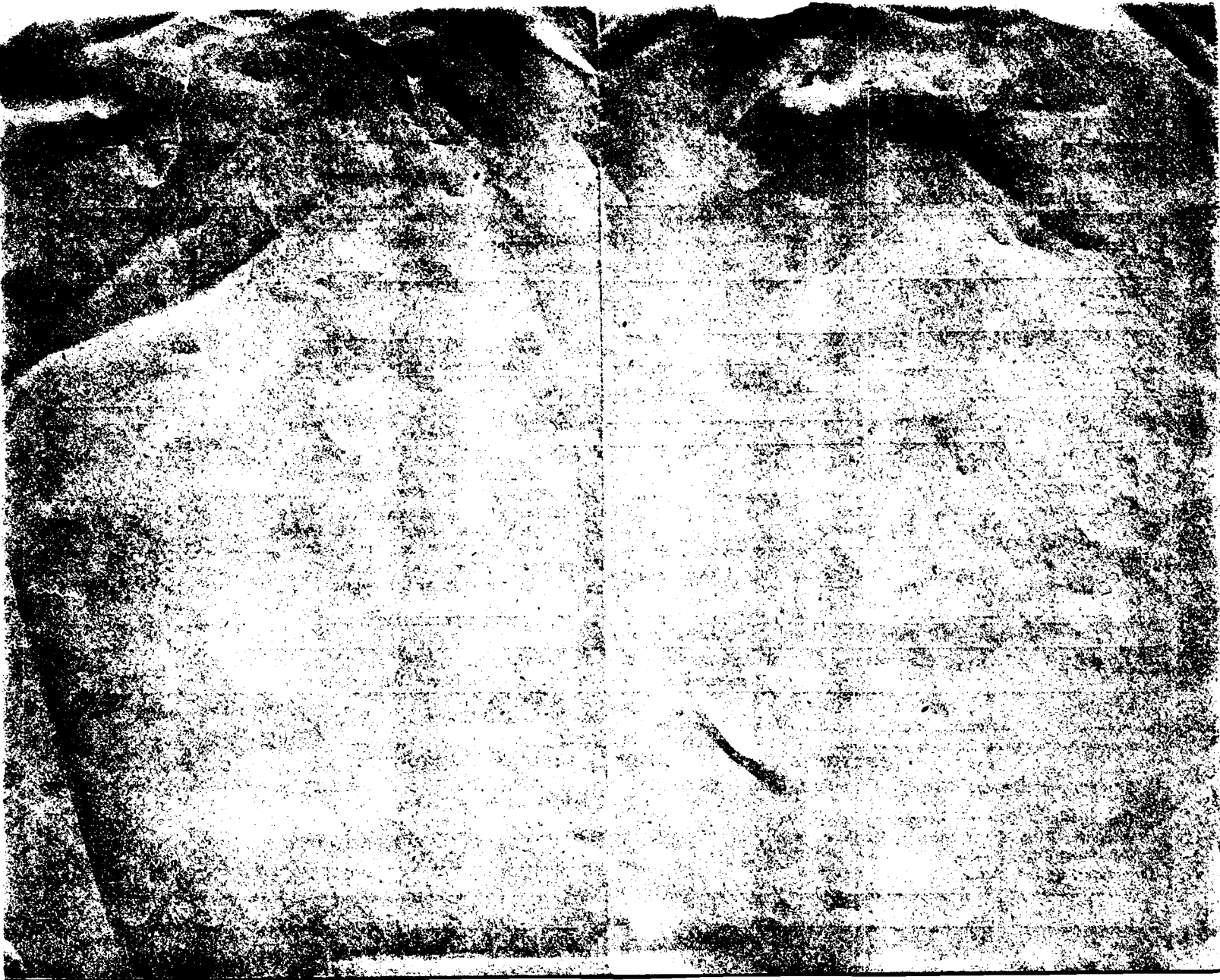
1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Wallace</u> No. <u>Canyon Ave</u> <u>Traveling Hosp.</u> (If born in hospital or institution give name.)		2. FULL NAME OF CHILD <u>Baby Girl Fox</u>	
3. Sex <u>♀</u> If plural births { 4. Twin, triple, or other _____ 5. Number, in order of birth _____		6. Premature <input checked="" type="checkbox"/> Full term _____ 7. Legitimate? <u>yes</u> 8. Date of birth <u>Dec 27, 1938</u> (Month, Day, Year)	
9. Full name FATHER <u>Wm Fox</u>		18. Full maiden name MOTHER <u>Chloe Thompson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Wallace</u>	
11. Color or race <u>W</u> 12. Age at last birthday <u>28</u> (years)		20. Color or race <u>W</u> 21. Age at last birthday <u>21</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Millan Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mech.</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Ford Garage</u> 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work <u>3 yrs</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Hwy</u> 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn <u>1</u>			
29. If stillborn, period of gestation <u>7 1/2 Mo.</u> { months or weeks		30. Cause of Stillbirth { During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:05 P. m. on the date above stated.
(Born ~~Alive~~ or Stillborn)

(Signed) E. J. Russell, M. D.
or _____ Midwife
Address Wallace Idaho
Filed Jan 3, 1939 John A. Bower
Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO																																																						
County of <u>Shoshone</u>		DEPARTMENT OF PUBLIC WELFARE																																																						
City of <u>Wallace</u>		BUREAU OF VITAL STATISTICS																																																						
<p>REC</p> <p>JAN 1</p> <p>(If death occurred in a hospital or institution, give its name instead of street and number)</p>		<p>CERTIFICATE OF DEATH</p> <p>Registration District No. <u>70</u></p> <p>Primary Registration District No. <u>1011</u></p> <p>(No. <u>Providence Hospital</u>)</p> <p>Local Registrar's No. <u>81</u></p> <p>215</p>																																																						
<p>2. FULL NAME <u>Infant Girl Con</u></p> <p>(a) Residence No. _____ St. _____</p> <p>(Usual place of abode)</p> <p>(If nonresident give city or town and state)</p> <p>Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.</p>		<p>PERSONAL AND STATISTICAL PARTICULARS.</p> <table border="1"> <tr> <td>3. SEX <u>Female</u></td> <td>4. Color or Race <u>White</u></td> <td>5. Single, Married, Widowed or Divorced (write the word) <u>Single</u></td> </tr> <tr> <td colspan="3">5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____</td> </tr> <tr> <td colspan="3">6. DATE OF BIRTH (month, day, and year) <u>Dec 27 1938</u></td> </tr> <tr> <td>7. AGE Years <u>0</u></td> <td>Months <u>0</u></td> <td>Days <u>0</u></td> </tr> <tr> <td colspan="3">If LESS than 1 day _____ hrs. or _____ min.</td> </tr> <tr> <td colspan="2">8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u></td> <td rowspan="2">11. Total time (years) spent in this occupation <u>Wallace Ida</u></td> </tr> <tr> <td colspan="2">9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</td> </tr> <tr> <td colspan="2">10. Date deceased last worked at this occupation (mo. and yr.) _____</td> <td></td> </tr> <tr> <td colspan="3">12. BIRTHPLACE (city or town) (State or country) <u>Wallace Ida</u></td> </tr> <tr> <td colspan="3">13. NAME <u>Wm Con</u></td> </tr> <tr> <td colspan="3">14. BIRTHPLACE (city or town) (State or country) <u>Mullan Ida</u></td> </tr> <tr> <td colspan="3">15. MAIDEN NAME <u>Cora Thompson</u></td> </tr> <tr> <td colspan="3">16. BIRTHPLACE (city or town) (State or country) <u>Big Creek Ida</u></td> </tr> <tr> <td colspan="3">17. INFORMANT <u>Wm Con</u></td> </tr> <tr> <td colspan="3">(Address) <u>Wallace Ida</u></td> </tr> <tr> <td colspan="3">18. BURIAL OR CREMATION OR REMOVAL Place <u>Wallace Ida</u> Date <u>Dec 28, 1938</u></td> </tr> <tr> <td colspan="3">19. UNDERTAKER <u>J. B. Wery</u> (Address) <u>Wallace Ida</u></td> </tr> <tr> <td colspan="3">20. FILED <u>Dec 29, 1938</u> <u>John B. Wery</u> Registrar.</td> </tr> </table>		3. SEX <u>Female</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			6. DATE OF BIRTH (month, day, and year) <u>Dec 27 1938</u>			7. AGE Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	If LESS than 1 day _____ hrs. or _____ min.			8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation <u>Wallace Ida</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (mo. and yr.) _____			12. BIRTHPLACE (city or town) (State or country) <u>Wallace Ida</u>			13. NAME <u>Wm Con</u>			14. BIRTHPLACE (city or town) (State or country) <u>Mullan Ida</u>			15. MAIDEN NAME <u>Cora Thompson</u>			16. BIRTHPLACE (city or town) (State or country) <u>Big Creek Ida</u>			17. INFORMANT <u>Wm Con</u>			(Address) <u>Wallace Ida</u>			18. BURIAL OR CREMATION OR REMOVAL Place <u>Wallace Ida</u> Date <u>Dec 28, 1938</u>			19. UNDERTAKER <u>J. B. Wery</u> (Address) <u>Wallace Ida</u>			20. FILED <u>Dec 29, 1938</u> <u>John B. Wery</u> Registrar.		
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20. FILED <u>Dec 29, 1938</u> <u>John B. Wery</u> Registrar.																																																								

DO NOT WRITE IN THIS SPACE

State File No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 27 1938

22 I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____.

I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Still born

Spontaneously

Cause unknown

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 193____.

Where did injury occur? _____ (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so specify _____

(Signed) E. B. Wery M. D.(Address) Wallace Ida

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls,
No. 3rd st W. St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

3. Sex male If plural births { 4. Twin, triplet, or other. 5. Number, in order of birth. 6. Premature. Full term YES 7. Legiti- mate? YES 8. Date of birth 12 - 22, 1938 (Month, Day, Year)

9. Full name FATHER

Earl Taylor

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

11. Color or race W 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carver

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

18. Full maiden name MOTHER Alice Kidd

19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls

20. Color or race W 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country) Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 6 (c) Stillborn 1

29. If stillborn, period of gestation At term { months or weeks 30. Cause of Stillbirth not known { During labor. Before labor. YES

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:30 p. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

(Signed) J. H. Murphy, M. D.

or Midwife

Address Twin Falls, Idaho

Filed 1-16, 1938

Registrar.

Registrar.

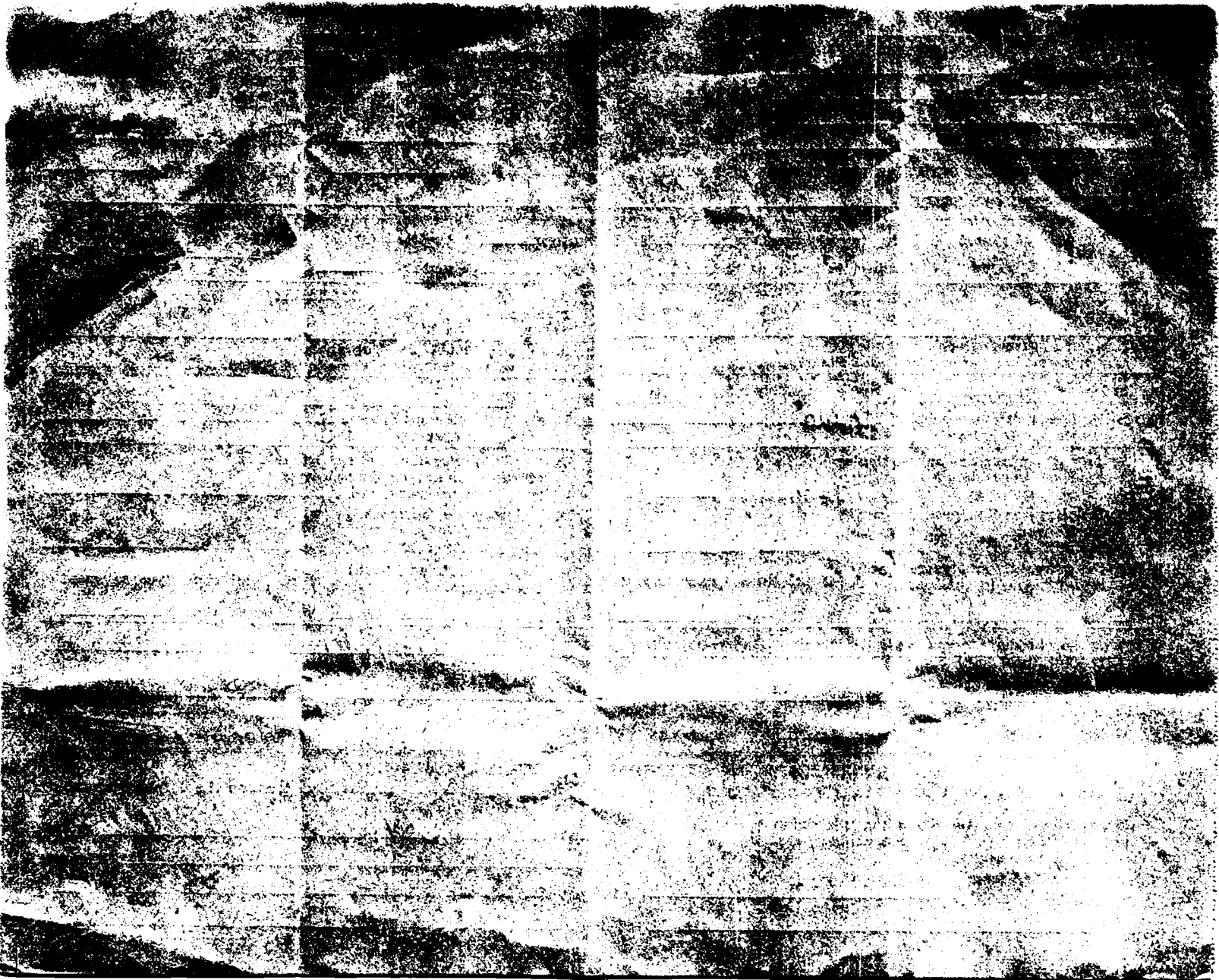
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275358

Registration District No. 37 State File No. 782

Prim. Registration District No. 1085 Local Registrar's No. 782

(Stillborn) Taylor



Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

112362

1. PLACE OF DEATH

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH
CERTIFICATE OF DEATH
County of Twin Falls Registration Dist. No. 37
City of Twin Falls Primary Reg. Dist. No. 1085
Wall's Cabins #6 5th Ave W Local Registrar's No. 250
(Home, Hospital or Institution)

Registered No. _____

If death occurred in
hospital or institution
give its name instead of
street and number.

Length of residence in County
where death occurred

Yrs. Mos. Days

How long in U. S. if of foreign
birth?

Yrs. Mos. Days

215

2. FULL NAME Baby Earl Taylor

(a) Residence: Wall's Cabins #6 - 5th Ave W

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE FEMALE 4. White, Black, Yellow, Red 5. Single, Married, Widowed, or Divorced (write the word)
Male White Single

5a. If married, widowed, or divorced
Husband of (or) Wife of -----

6. Date of Birth
(Month, day and year) December 22, 1938

7. AGE Years Months Days If less than 1 day
0 0 0 hrs. min.

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked at this occupation (month and year) ----- 11. Total time (yrs.) spent in this occupation -----

12. BIRTHPLACE (City or Town, County and State, or Country)
Twin Falls, Idaho

13. NAME Earl Taylor

14. BIRTHPLACE (City or Town, County and State, or Country)
Preston, Idaho

15. MAIDEN NAME Alice Kidd

16. BIRTHPLACE (City or Town, County and State, or Country)
Sugar City, Idaho

17. SIGNATURE OF INFORMANT Earl Taylor

(Address) Wall's Cabins #6 5th Ave W

18. BURIAL, CREMATION OR REMOVAL

Place Filer, Idaho Date 12-23 1938

19. UNDERTAKER S.C. Phillips

(Address) Twin Falls, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Dec 27 1938 by [Signature]
(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(month, day and year) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from
December 1938, to 19

I last saw h. [Signature] Dec 22 1938 Death is said

to have occurred on the date stated above, at 2:00 pm.
The principal cause of death and related causes of importance in order of onset were as follows:
Slip bone

Date of Onset		
Yr.	Mo.	Day

Contributory causes of importance not related to principal causes
Do not know.

Where was disease first diagnosed? ✓

Name of operation ✓ date of ✓

Condition for which performed ✓

What test confirmed diagnosis? ✓

Was there an autopsy? No Was there an inquest? ✓

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury No
19 No Where did injury occur?
(Specify city or town, county and state)

Check whether injury occurred in industry—home—public place—

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(SIGNED) J. F. Thompson, D.

(Address) 112 S. Main Twin Falls.

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Town Falls</u> City of <u>Town Falls</u> No. <u>Suburban Madison</u> (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Dora Jean Stillman Barbour</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH JAN 10 1938 Registration District No. <u>37</u> State File No. <u>275359</u> Prim. Registration District No. <u>1085</u> Local Registrar's No. <u>263</u>	
3. Sex <u>Female</u> If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature <u>X</u> Full term <u>X</u> 7. Legitimate? <u>yes</u> 8. Date of birth <u>Dec 5, 1938</u> (Month, Day, Year)		
9. Full name FATHER <u>Tom J. Barbour</u>		18. Full maiden name MOTHER <u>Ira Lucinda Bennett</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Town Falls</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Town Falls</u>	
11. Color or race <u>wh</u> 12. Age at last birthday <u>38</u> (years)		20. Color or race <u>wh</u> 21. Age at last birthday <u>31</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>		22. Birthplace (city or place) (State or Country) <u>Idaho</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work <u>also</u> , 19 <u>38</u>		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work <u>always</u>		26. Total time (years) spent in this work <u>5-yr</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>X</u> (c) Stillborn <u>0</u>			
29. If stillborn, period of gestation <u>Full term</u> { months or weeks		30. Cause of stillbirth <u>Premature separation 2 placentas</u> { Before labor <u>X</u> During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 1 1/2 m. on the date above stated.
(Born Alive or Stillborn)

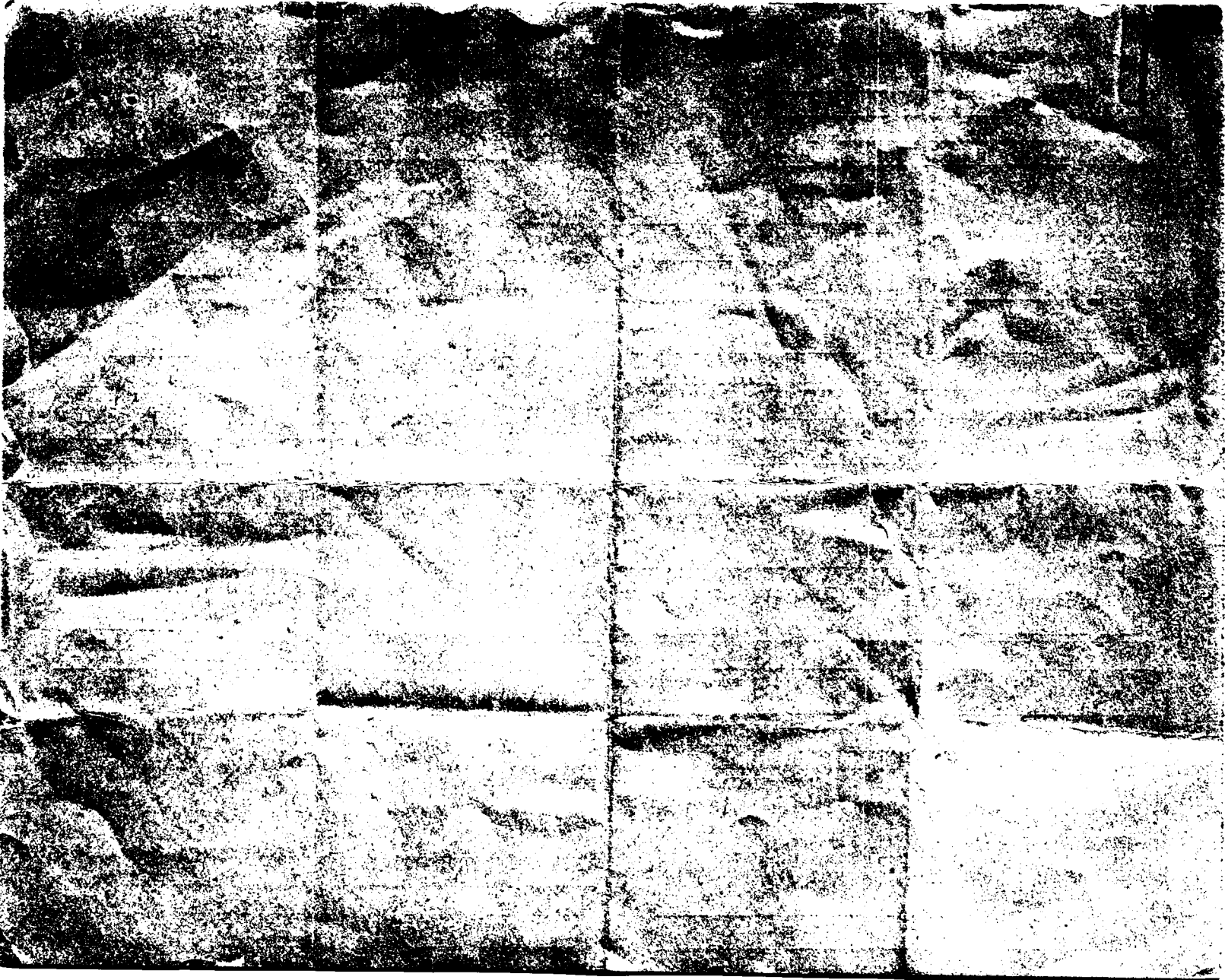
(Signed) Val B. Fuenfberg, M. D.

or _____, Midwife

Address 228 Main Ave. S. Twn. Falls.

Filed January 13, 1938 Registrar.

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Twin Falls
City of Twin Falls

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 112363

Registration District No. 37

Primary Registration District No. 2085
Suburban Maternity Home

Local Registrar's No. 240

DEC 13 1938

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Dora Jean Barbour

(a) Residence No. Twin Falls, Idaho

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/5/38

7. AGE Years Months Days
0 0 0 If LESS than 1 day ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Twin Falls, I
(State or country) Idaho

13. NAME T. J. Barbour

14. BIRTHPLACE (city or town) Pocatello,
(State or country) Ida.

15. MAIDEN NAME Iva Bennett

16. BIRTHPLACE (city or town) Idaho
(State or country)

17. INFORMANT T. J. Barbour
(Address) Twin Falls, Idaho

18. ~~PLACE OF INTERMENT~~ Funeral Home
Hagerman, Ida. Date 12/6/ 1938

19. UNDERTAKER Drake-Reynolds Fun. Home
(Address) Twin Falls, Idaho

20. FILED Dec 6 - 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 12/5/1938

22 I HEREBY CERTIFY, That I attended deceased from 12/5/, 1938, to 12/5/, 1938

I last saw her ~~on~~ 12/5/ 1938; death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Still born - due to
premature separation
of placenta

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 1938 _____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Chas B. Swenning M. D.

(Address) Twin Falls, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		COUNTY OF <u>Bla</u>		CITY OF <u>Baine</u>		No. <u>31 Luke's Hosp.</u> St.	
JAN 6 1935		Registration District No. <u>2</u>		State File No. <u>7</u>		DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH <u>276371S</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>23</u>		Francis Rance Wayne (Stillborn)	
2. FULL NAME OF CHILD		3. Sex <u>M</u>		4. Twin, triplet, or other.....		5. Number, in order of birth.....	
6. Premature.....		7. Legitimate? <u>Yes</u>		8. Date of birth <u>Sept 12, 1935</u>		9. Full name	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Rt 4</u>		11. Color or race <u>W</u>		12. Age at last birthday <u>30</u> (years)		13. Birthplace (city or place) (State or country) <u>Albion, Iowa</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work <u>Present</u>		17. Total time (years) spent in this work <u>Life</u>	
18. Full maiden name <u>Hettie Barbara Lantz Wayne</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Rt 4</u>		20. Color or race <u>W</u>		21. Age at last birthday <u>31</u> (years)	
22. Birthplace (city or place) (State or country) <u>Crescent, Calif</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		25. Date (month and year) last engaged in this work	
26. Total time (years) spent in this work <u>Since marriage</u>		27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Agglor 1%</u>		28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>0</u> (b) Born alive but now dead <u>C</u> (c) Stillborn <u>1</u>		29. If stillborn, period of gestation <u>9</u> months	
30. Cause of stillbirth <u>Dystocia</u>		Before labor.....		During labor.....		CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>Baine Idaho</u> m. on the date above stated. (Born Alive or Stillborn)		(Signed) <u>L. F. West</u>		M. D.		or <u>Baine Idaho</u>	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.		Address <u>1-7</u>		Filed <u>1-7</u> , 193 <u>5</u>		Registrar.	
Give name added from a supplemental report.....		(Date of).....		Registrar.		Registrar.	

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of AdaCity of Boise

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 2Primary Registration District No. 1004(No. St Lukes Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Francis Lance Wayne(a) Residence No. R.D. # 4

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Male</u>	4. Color or Race <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>
-----------------------	----------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 12, 38

7. AGE	Years	Months	Days	If LESS than 1 day — hrs. or — min.
--------	-------	--------	------	-------------------------------------

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)13. NAME Frank. S. Wayne14. BIRTHPLACE (city or town) Glidden
(State or country) Iowa15. MAIDEN NAME Fletta Barbara Lantz16. BIRTHPLACE (city or town) Eureka
(State or country) California17. INFORMANT Frank. S. Wayne
(Address) R.D. # 4, Boise, Idaho18. BURIAL, CREMATION OR REMOVAL
Place Glenns Ferry, Idaho
Date Sept. 13, 193819. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho20. FILED 9-13, 1938
Registrar R. J. Sharp

DO NOT WRITE IN THIS SPACE

State File No. 112795Local Registrar's No. 262

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9-12-3822. I HEREBY CERTIFY, That I attended deceased from Birth, 193, to, 193.I last saw h alive on, 193: death is said to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Asphyxia neonatorum
StillbornDate of onset
9-12-38

Other contributory causes of importance:

Large baby
Small pelvis in mother

Name of operation, Date of, What test confirmed diagnosis? Was there an autopsy?

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 193.

Where did injury occur? (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury, Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) R. J. Sharp, M. D.
(Address) Boise Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

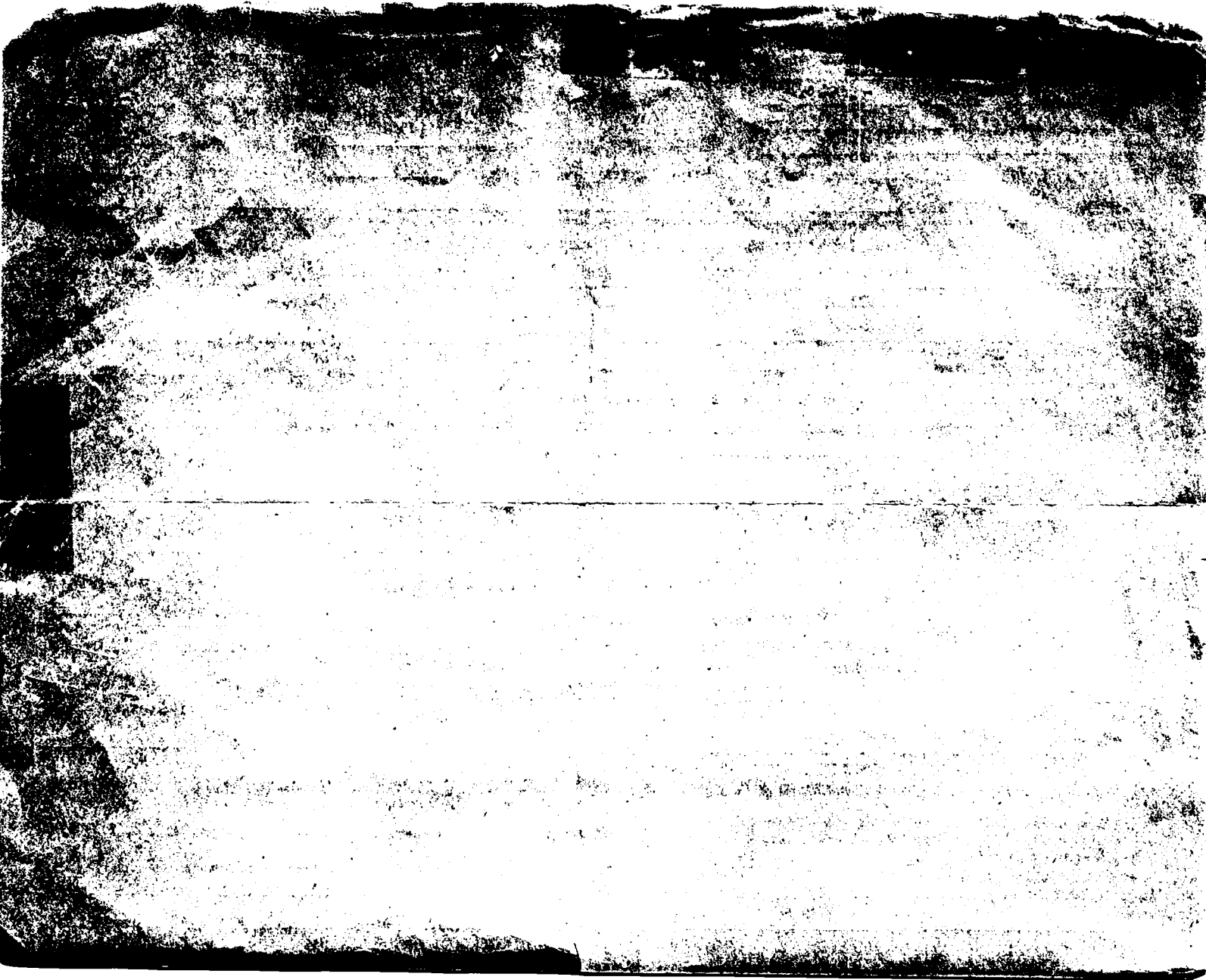
Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of married women, one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

1. PLACE OF BIRTH		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		276372	
County of <u>Ada</u>		JAN 5 1939		Registration District No. <u>2</u>		State File No. <u>19</u>		Prim. Registration District No. <u>1004</u>		Local Registrar's No. <u>19</u>	
City of <u>Boise</u>											
No. <u>Sh. Tucker Sharp</u>		St.									
(If born in hospital or institution give name.)											
2. FULL NAME OF CHILD <u>Roger Hutton</u> (<u>Stillborn</u>)											
3. Sex <u>male</u>		If plural births		4. Twin, triplet, or other		6. Premature <u>yes</u>		7. Legitimate? <u>yes</u>		8. Date of birth <u>Dec 1, 1938</u> (Month, Day, Year)	
5. Number, in order of birth		Full term		mate?							
9. Full name FATHER <u>Robert L. Hutton</u>						18. Full maiden name MOTHER <u>Elsie A. Fleischman</u>					
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>						19. Residence (usual place of abode) (If non-resident, give place and State) <u>Boise, Idaho</u>					
11. Color or race <u>W.</u>						12. Age at last birthday <u>25</u> (years)					
20. Color or race <u>W.</u>						21. Age at last birthday <u>22</u> (years)					
13. Birthplace (city or place) <u>Boise, Idaho</u> (State or Country)						22. Birthplace (city or place) <u>Boise, Oregon</u> (State or Country)					
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>air conditioner</u>						23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>					
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.						24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.					
16. Date (month and year) last engaged in this work <u>just starting</u>						17. Total time (years) spent in this work					
25. Date (month and year) last engaged in this work						26. Total time (years) spent in this work					
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Amoeb</u>											
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living (b) Born alive but now dead (c) Stillborn											
29. If stillborn, period of gestation <u>7th</u> months or weeks						30. Cause of Stillbirth <u>Respiratory</u> Before labor During labor					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE											
I hereby certify that I attended the birth of this child, who was <u>Stillborn</u> at <u>4:50 p.m.</u> on the date above stated. (Born Alive or Stillborn)											
(Signed) <u>R. D. Munton</u> , M. D.											
or _____, Midwife											
Address <u>Boise, Idaho</u>											
Filed <u>1-6-39</u> , 1939 <u>R. Sharp</u>											
Registrar.											



Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Dr. Linington
112796

Registered No. _____

1. PLACE OF DEATH

County of Ada
City of Boise
St. Lukes Hospital
(Home, Hospital or Institution)

Registration Dist. No. 2
Primary Reg. Dist. No. 1004
Local Registrar's No. 340

If death occurred in
hospital or institution
give its name instead of
street and number.

Length of residence in County
where death occurred

Yrs.	Mos.	Days

How long in U. S. if of foreign
birth?

Yrs.	Mos.	Days

RECEIVED

DEC 31 1938

2. FULL NAME Infant Hutson

(a) Residence: 1315-N-14th-St.

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE ☒ FEMALE ☐
4. White, Black, Yellow, Red
White
5. Single, Married, Widowed,
or Divorced (write the word)
Single

6a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth December 1, 1938
(Month, day and year)

7. AGE

Years	Months	Days
<u>0</u>	<u>0</u>	<u>0</u>

 If less than 1 day
hrs. min.

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked
at this occupation (month
and year) _____

11. Total time (yrs.) spent in
this occupation

12. BIRTHPLACE (City or Town, County and State, or Country)
Boise, Idaho

13. NAME Robert L. Hutson

14. BIRTHPLACE (City or Town, County and State, or Country)
Buhl, Idaho

15. MAIDEN NAME Elsie Fleischman

16. BIRTHPLACE (City or Town, County and State, or Country)
Airlie, Oregon

17. SIGNATURE OF Robert Hutson
INFORMANT
(Address) 1315 N 14th St. Boise

18. BURIAL, CREMATION OR REMOVAL
Place Mountain View Date 12/2/ 1938

19. UNDERTAKER Summers Funeral Home
(Address) Boise, Idaho

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on 12-2 1938 by R. Sharp
(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
(month, day and year) December 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

12-1 1938, to Dec 1 1938

I last saw h. Barbara 19 Death is said

to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related
causes of importance in order of onset were
as follows:

Still Birth
Rh incompatibility

Contributory causes of importance not
related to principal causes

Date of Onset		
Yr.	Mo.	Day

Where was disease first diagnosed? Home

Name of operation None date of _____

Condition for which performed _____

What test confirmed diagnosis? Clinical

Was there an autopsy? No Was there an inquest? No

23. If death was due to external causes, fill in also the following:
(Check) Accident—Suicide—Homicide? Date of injury _____
_____, 19____ Where did injury occur?
(Specify city or town, county and state)

Check whether injury occurred in industry... home... public place...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify _____

(SIGNED) R. Linington M. D.
(Address) Boise

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Payson Idaho
No. Staphousens St.
Hall

RECEIVED
DEC 31 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 276373

Registration District No. 2 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 1004 Local Registrar's No. 983

2. FULL NAME OF CHILD

Eldora Ann Murray

3. Sex 7 If plural births { 4. Twin, triplet, or other _____ 6. Premature 3 7. Legitimate? yes 8. Date of birth 12-1-38 1938
5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER Charles M. Murray 18. Full maiden name MOTHER Bertha Ella Evans

10. Residence (usual place of abode) Payson, Meridian 19. Residence (usual place of abode) same
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 26 (years) 20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Meridian Idaho 22. Birthplace (city or place) Meridian Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. " 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. "

16. Date (month and year) last engaged in this work 12-1-38 17. Total time (years) spent in this work 7 years 25. Date (month and year) last engaged in this work 12-1-38 26. Total time (years) spent in this work 7 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 3

29. If stillborn, period of gestation 6 mon. { months or weeks _____ 30. Cause of stillbirth ? { Before labor X During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9 1/2 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

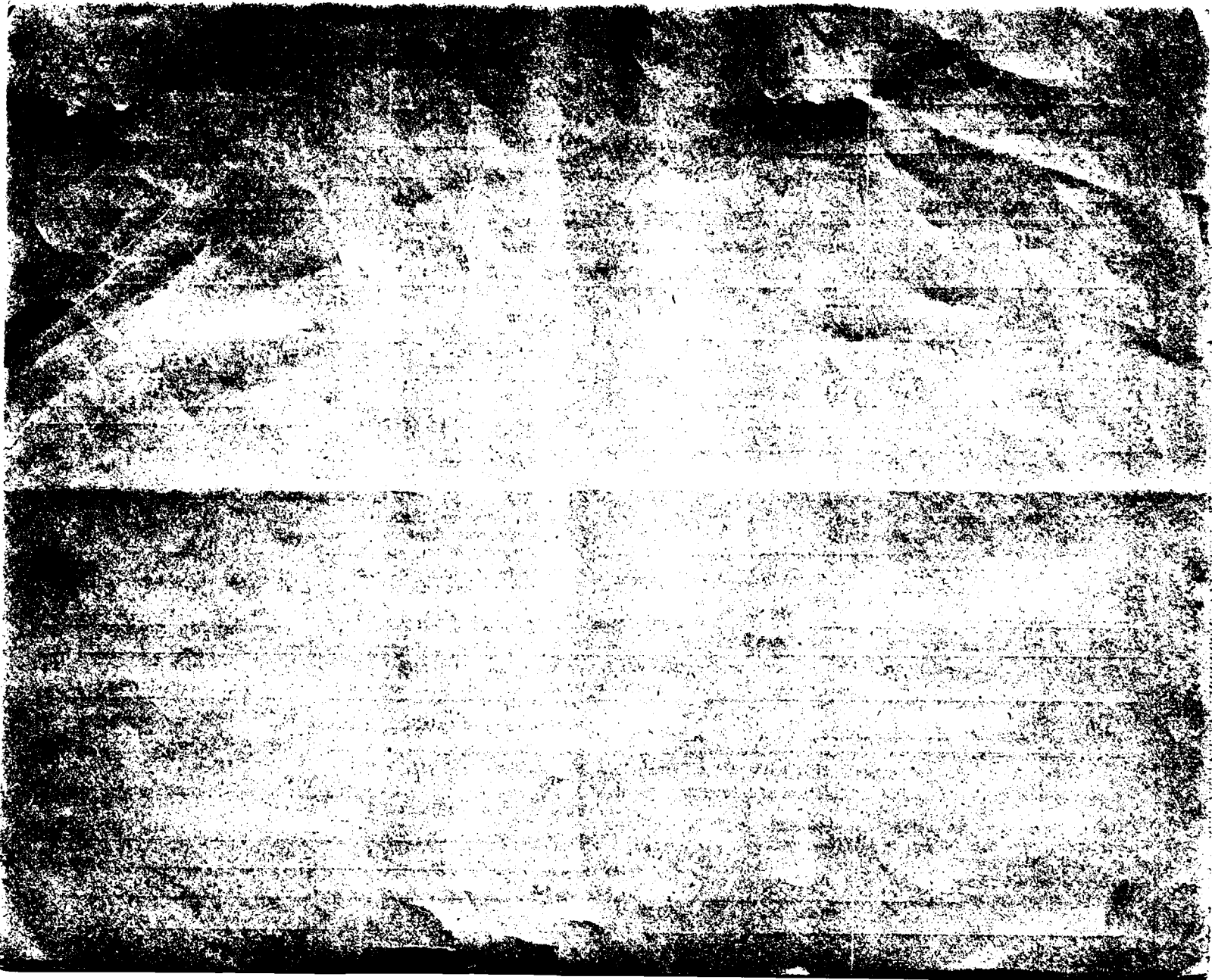
(Signed) Wm. J. Thomas M. D.

or _____ Midwife

Address Meridian, Ida.

Filed 12-13, 1938 R. J. Sharp

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Ada
City of Boise

RECEIVED
JAN 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. # 2Primary Registration District No. 2231004(No. St. Francis Hospital)

(If death occurred in a hospital or institution give its name instead of street and number)

2. FULL NAME Eldora Ann Murray(a) Residence. No. Meridian, Idaho

(Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race W. 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

12-2-38

7. AGE Years Months Days If LESS than 1 day, 0. hrs. or 0. min.
0 0 0 0 0

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc.9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Boise, Idaho
(State or country)13. NAME Charles Marion Murray14. BIRTHPLACE (city or town) Meridian Idaho
(State or country)15. MAIDEN NAME Bertha Ellen Evans16. BIRTHPLACE (city or town) Meridian, Idaho
(State or country)17. INFORMANT Meridian Idaho
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Meridian, Idaho Date Dec 2 193819. UNDERTAKER None
(Address)20. FILED 1-28-39 R. Sharp
Registrar.

DO NOT WRITE IN THIS SPACE

112797
State File No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Delivered Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from

....., 193..... to 193.....

I last saw him alive on 193..... death occurred to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Still born

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury... 193.....

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify

(Signed) Dr. M. Thomas M. D.
(Address) Meridian, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc. as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish

ent kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be given, as *carpenter*, *painter*, *machinist*, etc. *Wholesale merchants*. A person who sells goods should be called

FROM
DEPARTMENT OF PUBLIC
WELFARE
BOISE, IDAHO
Box 2149

—Cause of death means the disease, injury, or complication which produced the death, such as *phylaxia*, *asthenia*, etc. As principal cause name the disease or injury, and if any, related to the principal cause and any important complications of importance, name other important diseases or injuries. Example

Contents—Merchandise 3rd or 4th Class Matter.

Postmaster—May be opened for Postal Inspection.

Return Postage Guaranteed.

Postmaster:—If not delivered in ten days, check reason for non-delivery and return to Do not return before expiration of ten days, regardless of reason for non-delivery. See instructions on back of envelope.

CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

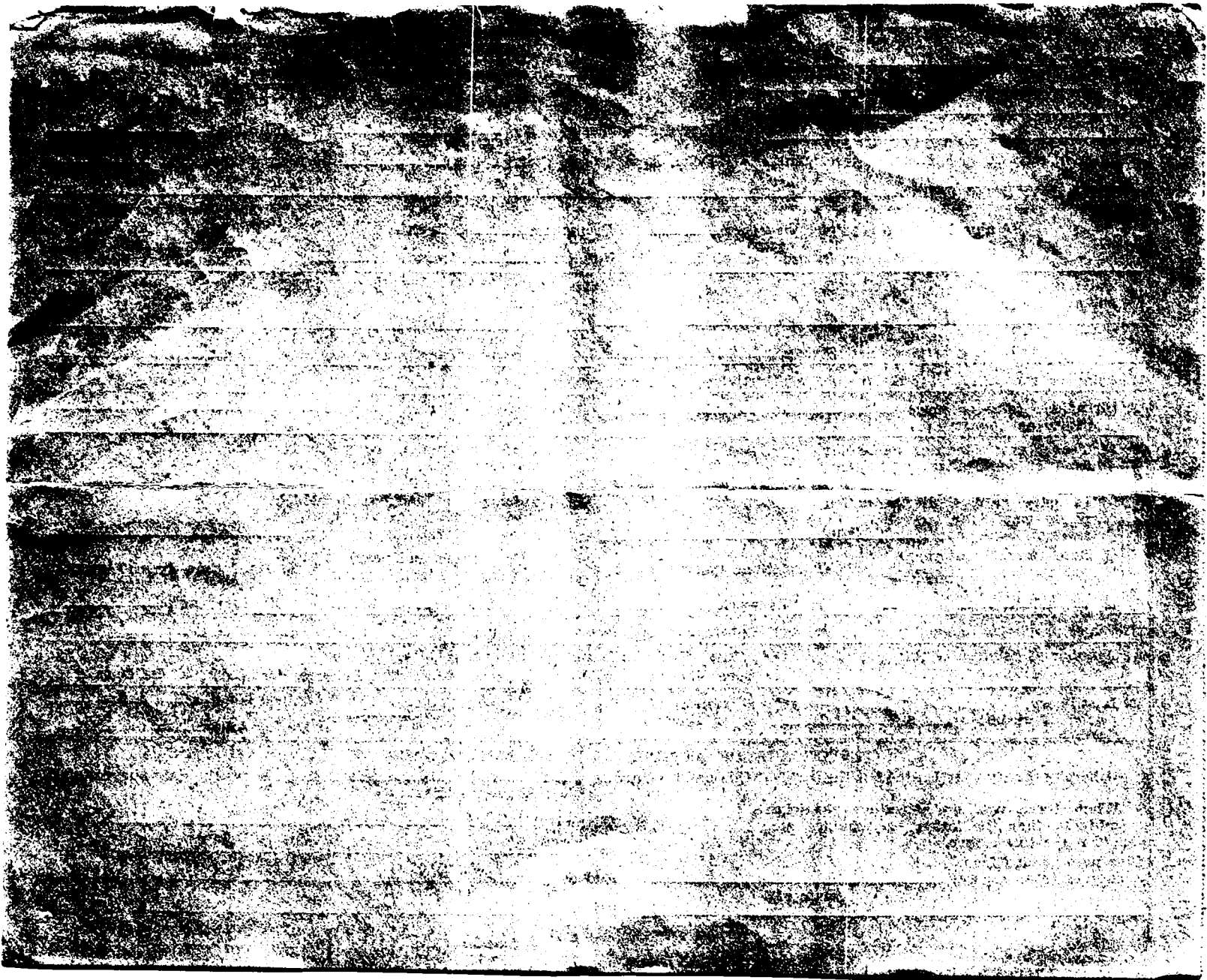
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		RECEIVED		STATE OF IDAHO		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		276374					
County of <u>Blaine</u>		City of <u>Montpelier</u>		No. _____		St. _____		JAN 23 1939		Registration District No. _____		State File No. _____					
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____													
2. FULL NAME OF CHILD <u>Baby Elan</u>																	
3. Sex <u>M</u>		If plural births _____		4. Twin, triplet, or other _____		5. Number, in order of birth _____		6. Premature _____		7. Legitimate? <u>yes</u>		8. Date of birth <u>Aug. 2, 1938</u> (Month, Day, Year)					
9. Full name FATHER <u>Smith Elan</u>							18. Full maiden name MOTHER <u>Anna May Wilson</u>										
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>							19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>										
11. Color or race <u>Am</u>							12. Age at last birthday <u>38</u> (years)							20. Color or race <u>Am</u>		21. Age at last birthday <u>38</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Blainington</u>							22. Birthplace (city or place) (State or Country) <u>Ogden, Utah</u>										
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Telegraph operator</u>							23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>										
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____							24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>										
16. Date (month and year) last engaged in this work <u>August, 1938</u>							17. Total time (years) spent in this work <u>6</u>							25. Date (month and year) last engaged in this work <u>August, 1938</u>		26. Total time (years) spent in this work <u>5 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>no</u>																	
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>																	
29. If stillborn, period of gestation <u>Full term</u> { months _____ or weeks _____							30. Cause of stillbirth <u>Unknown</u> { Before labor <u>yes</u> During labor _____										
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE																	
I hereby certify that I attended the birth of this child, who was <u>Born dead</u> at <u>3 P</u> m. on the date above stated. (Born Alive or Stillborn)																	
(Signed) <u>Lee A. Rich</u> M. D.																	
or _____ Midwife																	
Address <u>Montpelier, Idaho</u>																	
Filed _____, 1939																	
Registrar. _____																	

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County

City of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

Primary Registration District No.

(No. _____)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX

4. Color or Race

5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

LESS than

1 day _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town).
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town).
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town).
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED Aug 4 1938

Registrar.

DO NOT WRITE IN THIS SPACE

State File No. 112798

Local Registrar's No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 2 1938

22. I HEREBY CERTIFY, That I attended deceased from

August 2, 1938, to August 2, 1938

I last saw him alive on Aug 2, 1938; death is said

to have occurred on the date stated above, at unknown.

The principal cause of death and related causes of importance were as follows: Still-Born

Infant - Still-Born

Unknown

Date of onset

Other contributory causes of importance:

Name of operation: Delivery Date of: 8-2-38

What test confirmed diagnosis? Was there an

autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

1938

Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) J. C. Lee, M. D.

(Address) Montpelier, Ida.

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. _____ St. _____
Page Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S276377

Registration District No. 28 State File No. 7

Prim. Registration District No. 153 Local Registrar's No. 206

2. FULL NAME OF CHILD STILLBORN STEVENSON

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Dec. 11, 1939</u> (Month, Day, Year)
-----------------------	--	--	--------------------------------	--

9. Full name <u>Charles Douglas Stevenson</u>	18. Full maiden name <u>Ettamae Brown</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Samuels, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Samuels, Ida.</u>
11. Color or race <u>white</u> 12. Age at last birthday <u>37</u> (years)	20. Color or race <u>white</u> 21. Age at last birthday <u>30</u> (years)
13. Birthplace (city or place) <u>Washburn, Wis.</u> (State or Country)	22. Birthplace (city or place) <u>Miles City, Mont.</u> (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Logger</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Logging Camp</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
16. Date (month and year) last engaged in this work <u>Sept. 1936</u>	17. Total time (years) spent in this work <u>10</u>
18. Date (month and year) last engaged in this work <u>Dec. 1938</u>	19. Total time (years) spent in this work <u>14</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation <u>9 mo.</u> months or weeks	30. Cause of stillbirth Before labor _____ During labor <u>yes</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 9:40 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

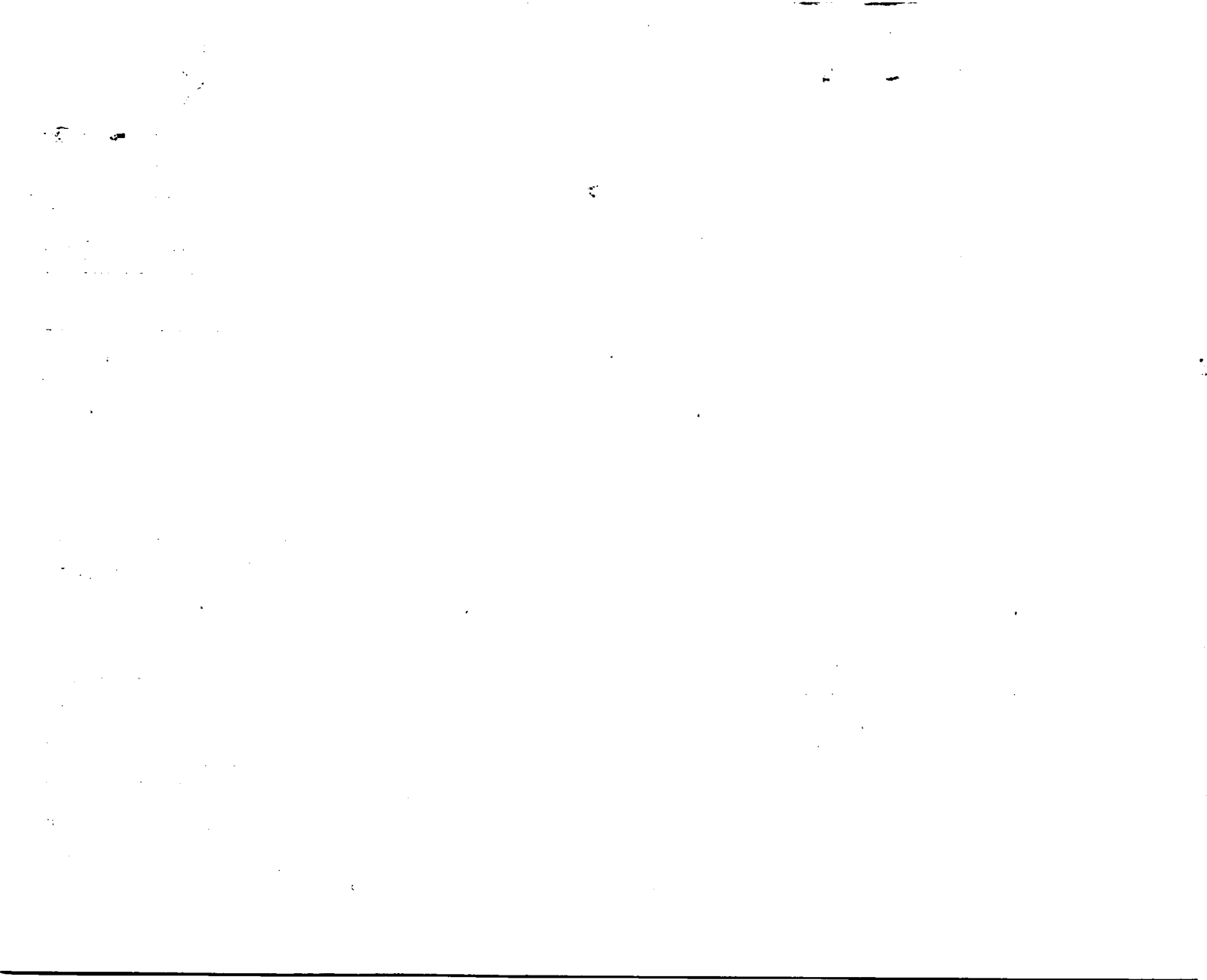
(Signed) Wm F. Tyler, M. D.

or _____, Midwife

Address Sandpoint, Idaho

Filed Jan 11, 1939 J. C. Goodwin

Registrar.



should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF

County of Bonner
City of Sandpoint

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 112801

Registration District No. 78
Primary Registration District No. 2155 Local Registrar's No. 91
(No. Page Hospital)

If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Infant Stevenson

(a) Residence No. Rural Route St. Samuels, Idaho.

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day hrs. or min.
Stillbirth

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sandpoint
(State or country) Idaho

13. NAME Charles Douglas Stevenson

14. BIRTHPLACE (city or town) Washburn
(State or country) Wisconsin

15. MAIDEN NAME Etta Mae Brown

16. BIRTHPLACE (city or town) Chatcolet
(State or country) Idaho.

17. INFORMANT C. D. Stevenson
(Address) Samuels, Idaho.

18. BURIAL, CREMATION OR REMOVAL Winecrest Cemetery
Place Sandpoint, Ida. Date Dec. 12, 1938

19. UNDERTAKER L. G. Moon
(Address) Sandpoint, Idaho.

20. FILED June 6, 1939 W. F. Taylor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) December 11, 1938 193

22 I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1938, to Dec. 11, 1938

I last saw h. alive on 1938: death is said to have occurred on the date stated above, at 9:40 p. m.

The principal cause of death and related causes of importance were as follows:

Difficult labor
Spontaneous delivery
Still birth

Obstetric Puerperal

Other contributory causes of importance:

Date of onset
Nov. 11, 1938

Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 1938

Where did injury occur? no
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury no
Nature of injury no

24 Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm F. Taylor, M. D.
(Address) Sandpoint, Idaho.

UNITED STATES STANDARD CERTIFICATE

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia
City of Oakley
No. at home St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 14 1908

CERTIFICATE OF BIRTH 276380

Registration District No. 117 State File No. _____
Prim. Registration District No. 2194 Local Registrar's No. 2

2. FULL NAME OF CHILD Still Born

3. Sex Female
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____
Full term ☒

7. Legiti-
mate? yes

8. Date of
birth Dec 11, 1908
(Month, Day, Year)

9. Full name Ed H. Sharp
FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Oakley

11. Color or race W | 12. Age at last birthday 33 (years)

13. Birthplace (city or place)
(State or Country) Oakley, Ida.

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Teacher

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work _____, 19____

17. Total time (years) spent
in this work all life

18. Full
maiden
name Sarah Myrtle Patton
MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Oakley, Ida.

20. Color or race W | 21. Age at last birthday 30 (years)

22. Birthplace (city or place)
(State or Country) Greene Creek,
Idaho

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Oakley, Ida

24. Industry or business in which
work was done, as own home
lawyer's office, silk mill, etc. Home wife

25. Date (month and year)
last engaged in this work _____, 19____

26. Total time (years) spent
in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother (At time of this birth and including this child)
6 (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation 9 mo. { months or weeks _____

30. Cause of Stillbirth Separation of Placenta { During labor at home Before labor O.K.

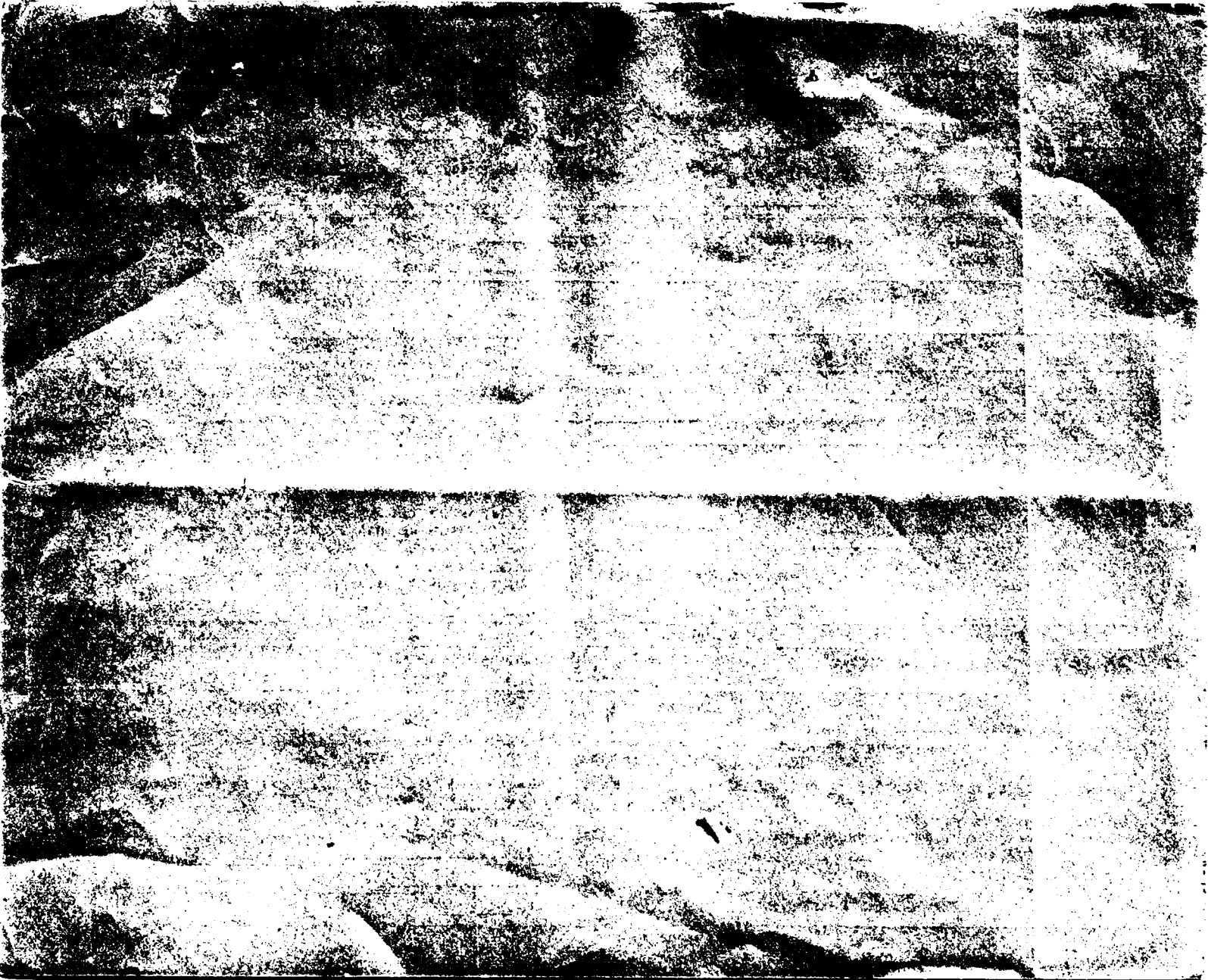
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 12:45 A. M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar. _____

(Signed) R. J. Sutton, M. D.
or _____, Midwife
Address _____
Filed Feb 6, 1908 Laura J. Spocker
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE 112804 State File No.	
County of <u>Oakley</u>		City of		Registration District No. <u>117</u>	
FEB 14 1938		Primary Registration District No. <u>2186</u>		Local Registrar's No. <u>eleven</u>	
(No. <u>1</u> at <u>home</u>) (If death occurred in a hospital or institution, give its name instead of street and number)					
2. FULL NAME <u>Still Born</u>					
(a) Residence. No. <u>Oakley Idaho</u> St. (Usual place of abode)					
(If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>W</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Baby</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Geo H. Sharp</u> (or) WIFE of <u>Geo H. Sharp</u>					
6. DATE OF BIRTH (month, day, and year) <u>Dec 11 - 1938</u>					
7. AGE Years <u>28</u>		Months <u>11</u>		Days <u>11</u> If LESS than 1 day, ... hrs. <u>Still born</u>	
OCCUPATION					
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ladner</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (mo. and yr.)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Oakley</u> (State or country)					
MOTHER/FATHER					
13. NAME <u>Geo H. Sharp</u>					
14. BIRTHPLACE (city or town) <u>Oakley</u> (State or country)					
15. MAIDEN NAME <u>Sarah Murty Cotton</u>					
16. BIRTHPLACE (city or town) <u>Idaho</u> (State or country)					
17. INFORMANT <u>Geo H. Sharp</u> (Address) <u>Oakley Ida</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Oakley</u> Date <u>Dec 12 1938</u>					
19. UNDERTAKER <u>W. J. ...</u> (Address) <u>Father of child</u>					
20. FILED <u>Jan 18, 1939</u> <u>Laura E. Spracher</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Dec 11 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 11</u> , 1938, to <u>Dec 11</u> , 1938.					
I last saw him <u>Still born</u> , 1938; death is said to have occurred on the date stated above, atm.					
The principal cause of death and related causes of importance were as follows:					
<u>Detachment of Placenta before birth</u>					
Other contributory causes of importance: <u>Caused by cord tightly knotted around child's neck</u>					
Name of operation Date of					
What test confirmed diagnosis? ... Was there an autopsy? ..					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 1938.					
Where did injury occur? ... (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased? ... (Specify)					
(Signed) <u>W. J. ...</u> M. D. (Address) <u>Oakley Ida</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who has no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones

May 1, 1923

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis

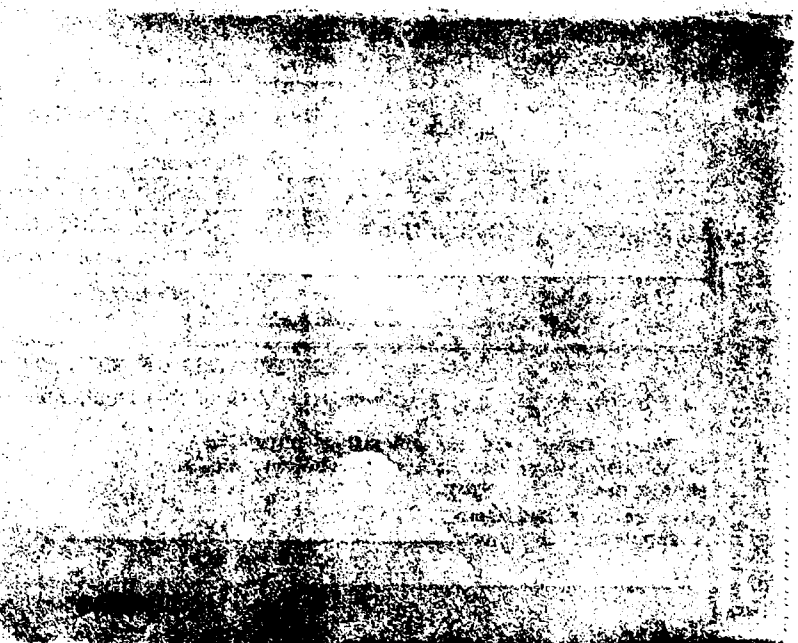
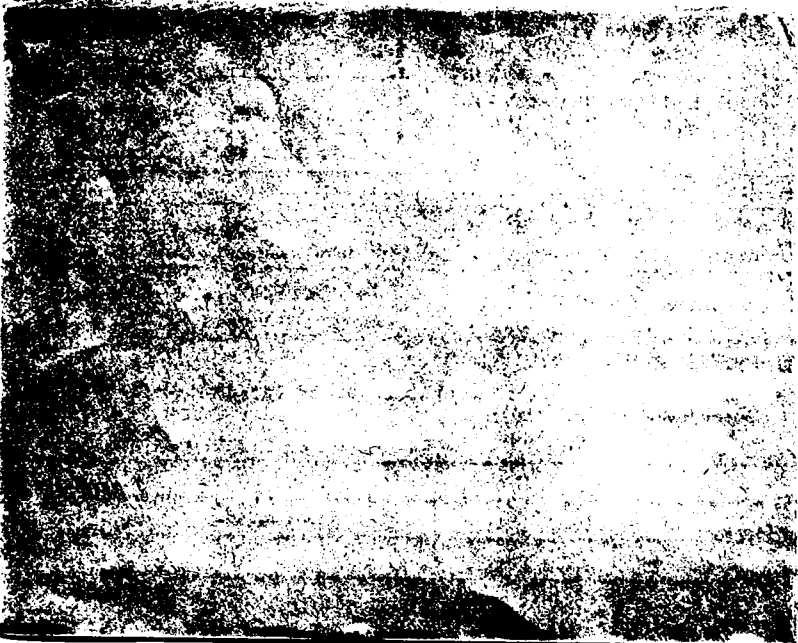
1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Boise</u> City of <u>Montpelier</u> No. _____ St. <u>3</u>		RECEIVED JAN 11 1939		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		S 277388	
(If born in hospital or institution give name.)		Registration District No. <u>53</u>		State File No. <u>277388</u>		Local Registrar No. <u>46</u>	
2. FULL NAME OF CHILD <u>Lindson</u>							
3. Sex <u>Female</u> If plural births {		4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ Full term <u>X</u>		7. Legitimate? <u>Yes</u>	
8. Date of birth <u>Dec 24</u> (Month, Day, Year)							
9. Full name <u>Clarence O. Swenson</u> FATHER				18. Full maiden name <u>Martha May Nelson</u> MOTHER			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>				19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>			
11. Color or race <u>W</u>				12. Age at last birthday <u>49</u> (years)			
13. Birthplace (city or place) (State or Country) <u>Idaho</u>				22. Birthplace (city or place) (State or Country) <u>Utah</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			
16. Date (month and year) last engaged in this work _____				17. Total time (years) spent in this work _____			
18. Date (month and year) last engaged in this work _____				19. Total time (years) spent in this work _____			
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____							
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>1</u>							
29. If stillborn, period of gestation <u>full term</u> { months or weeks _____							
30. Cause of stillbirth <u>not known</u> { Before labor _____ During labor <u>X</u>							
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE <u>29.</u>							
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born alive or Stillborn)							
(Signed) <u>O O Moore</u> , M. D.							
or <u>Paris Idaho</u> , Midwife							
Address _____							
Filed <u>Dec 27</u> , 193 <u>8</u> <u>Buriah Hess</u> , Registrar.							

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH County of <u>Bear Lake</u> City of <u>Montpelier</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		DO NOT WRITE IN THIS SPACE <div style="font-size: 24pt; font-weight: bold;">143230</div> State File No. _____	
		Registration District No. <u>52</u>			
		Primary Registration District No. <u>2136</u>		Local Registrar's No. _____	
(No. _____) (If death occurred in a hospital or institution, give its name instead of street and number) _____					
2. FULL NAME <u>Baby Swenson</u>					
(a) Residence. No. _____ St. _____ (Usual place of abode) (If nonresident give city or town and state)					
Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>		4. Color or Race <u>White</u>		5. Single, Married, Widowed or Divorced (write the word) <u>Infant</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day, and year) <u>Dec 24 - 1938</u>					
7. AGE Years _____ Months _____ Days _____		If LESS than 1 day _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____				
	10. Date deceased last worked at this occupation (mo. and yr.) _____				
	11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (city or town) <u>Montpelier</u> (State or country) <u>Idaho</u>					
MOTHER; FATHER	13. NAME <u>Charles Edwin Swenson</u>				
	14. BIRTHPLACE (city or town) <u>Montpelier</u> (State or country) <u>Idaho</u>				
	15. MAIDEN NAME <u>Frank May Nelson</u>				
	16. BIRTHPLACE (city or town) <u>Bear Lake City</u> (State or country) <u>Idaho</u>				
17. INFORMANT <u>Charles E. Swenson</u> (Address) <u>Montpelier, Idaho</u>					
18. BURIAL, CREMATION OR REMOVAL Place <u>Montpelier, Idaho</u> Date <u>Dec 24, 1938</u>					
19. UNDERTAKER <u>Edna M. Nelson</u> (Address) <u>Montpelier, Idaho</u>					
20. FILED <u>Dec 26th 1938</u> Registrar. <u>A. W. New</u>					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day and year) <u>Dec 24 1938</u>					
22. I HEREBY CERTIFY, That I attended deceased from _____, 193____, to _____, 193____					
I last saw h_____ alive on _____, 193____; death is said to have occurred on the date stated above, at <u>2 A</u> m. The principal cause of death and related causes of importance were as follows: <u>Unknown Cause</u> Date of onset _____					
<u>Stillborn</u>					
Other contributory causes of importance: _____					
Name of operation _____ Date of _____					
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>					
23. If death was due to exte'l causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 193____					
Where did injury occur? _____ (Specify city or town, county, and state)					
Specify whether injury occurred in industry, in home, or in public place. _____					
Manner of injury _____					
Nature of injury _____					
24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____					
(Signed) <u>O. Moore</u> M. D. (Address) <u>Paris Idaho</u>					

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Moscow
No. Inland Hospital St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
FEB 21 1939
REGISTRATION-DISTRICT No. 61 State File No. 277398
Prim. Registration District No. 1011 Local Registrar's No. 815

2. FULL NAME OF CHILD James Bruigeman

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature No 7. Legitimate? Yes 8. Date of birth Dec 14 1938
(Month, Day, Year)

9. Full name FATHER Jordman Charles Bruigeman
10. Residence (usual place of abode) Moscow, Idaho
(If non-resident, give place and State)
11. Color or race M 12. Age at last birthday 43 (years)
13. Birthplace (city or place) Moscow, Idaho
(State or Country)

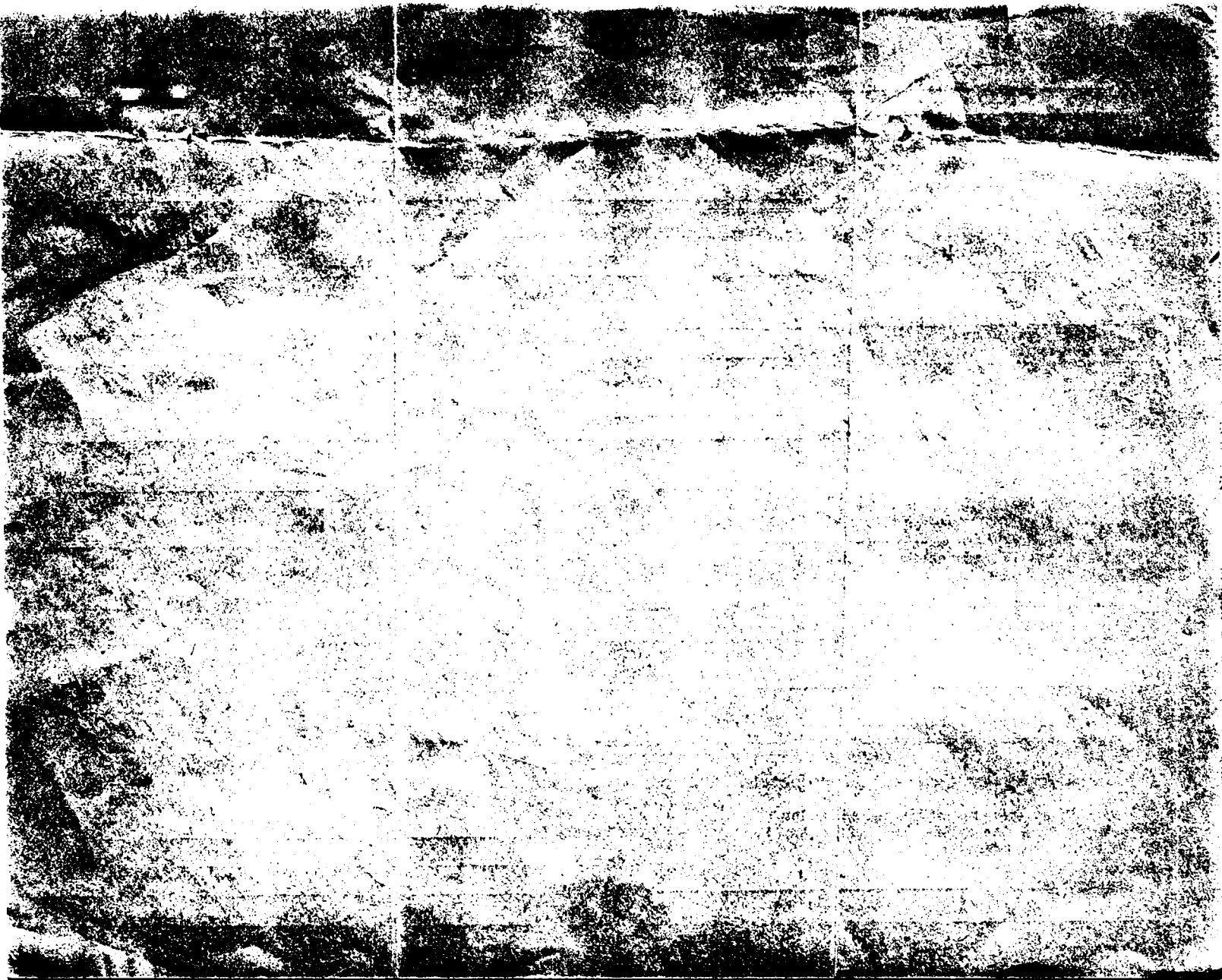
18. Full maiden name MOTHER Milma Teresa Broemeling
19. Residence (usual place of abode) Broemeling, Idaho
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 34 (years)
22. Birthplace (city or place) Conese, Idaho
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work Present, 1938
17. Total time (years) spent in this work Life

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Prof
25. Date (month and year) last engaged in this work Present, 1938
26. Total time (years) spent in this work 12 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation Full { months _____ or weeks _____
30. Cause of stillbirth Not diagnosed It will seem the best to be born undisturbed

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
(Signed) G. J. Magel, M. D.
or _____, Midwife
Address _____
Filed 2-20, 1939
Registrar, _____



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Latah
City of Moscow

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113240

Registration District No. 61Primary Registration District No. 1011Local Registrar's No. 400

JAN 11 1939

(No. Inland Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Stillbirth(a) Residence No. Rt. No. 1 St. _____

(Usual place of abode)

(If nonresident give city or town and state)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12/2/38

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) MOSCOW
(State or country) Idaho

13. NAME Ferdinand Chas. Bruegeman

14. BIRTHPLACE (city or town) MOSCOW
(State or country) Idaho

15. MAIDEN NAME Wilma Treasa Broeckmaling

16. BIRTHPLACE (city or town) Genesee
(State or country) Idaho

17. INFORMANT F.C. Bruegeman
(Address) Rt. 1, MOSCOW, Ida.

18. BURIAL, CREMATION OR REMOVAL
Place Thorn Creek Date 12/26, 1938

19. UNDERTAKER H.R. Short
(Address) MOSCOW, Ida.

20. FILED 1/6/39, 1939 Harry Embury
Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day and year) 12/24/1938

22 I HEREBY CERTIFY, That I attended deceased from Stillborn, 1938

I last saw him _____ alive on _____ 1938: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Still birth
mother has toxemia
other - just detected 12/26
very delivery but child appears
other contributory causes of importance
& could not be stimulated

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury. _____

Nature of injury. _____

24 Was disease or injury in any way related to occupation of deceased? No specify _____

(Signed) E. J. Madell, M. D.
(Address) MOSCOW

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employees,” “worker,” “operative,” etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Mercy Hospital St.
(If born in hospital or institution give name.)

APR 10 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S 278453

Registration District No. 7 State File No. _____
Prim. Registration District No. 1006 Local Registrar's No. 107

2. FULL NAME OF CHILD

3. Sex female If plural births { 4. Twin, triplet, or other ✓ 6. Premature ✓ 7. Legitimate? yes 8. Date of birth Aug. 23 1938
5. Number, in order of birth ✓ Full term yes mate? yes (Month, Day, Year)

9. Full name FATHER Loren Edward Hupe
10. Residence (usual place of abode) 416-19th. No.
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 21 (years)
13. Birthplace (city or place) Kansas
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hotel clerk
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work 19____ in this work
17. Total time (years) spent in this work

18. Full maiden name MOTHER Mae Elaine Brown
19. Residence (usual place of abode) 416-19th. No.
(If non-resident, give place and State)

20. Color or race W 21. Age at last birthday 18 (years)
22. Birthplace (city or place) Utah
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work 19____ in this work
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
/ (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1
29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 7:45 pm m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

Registrar.

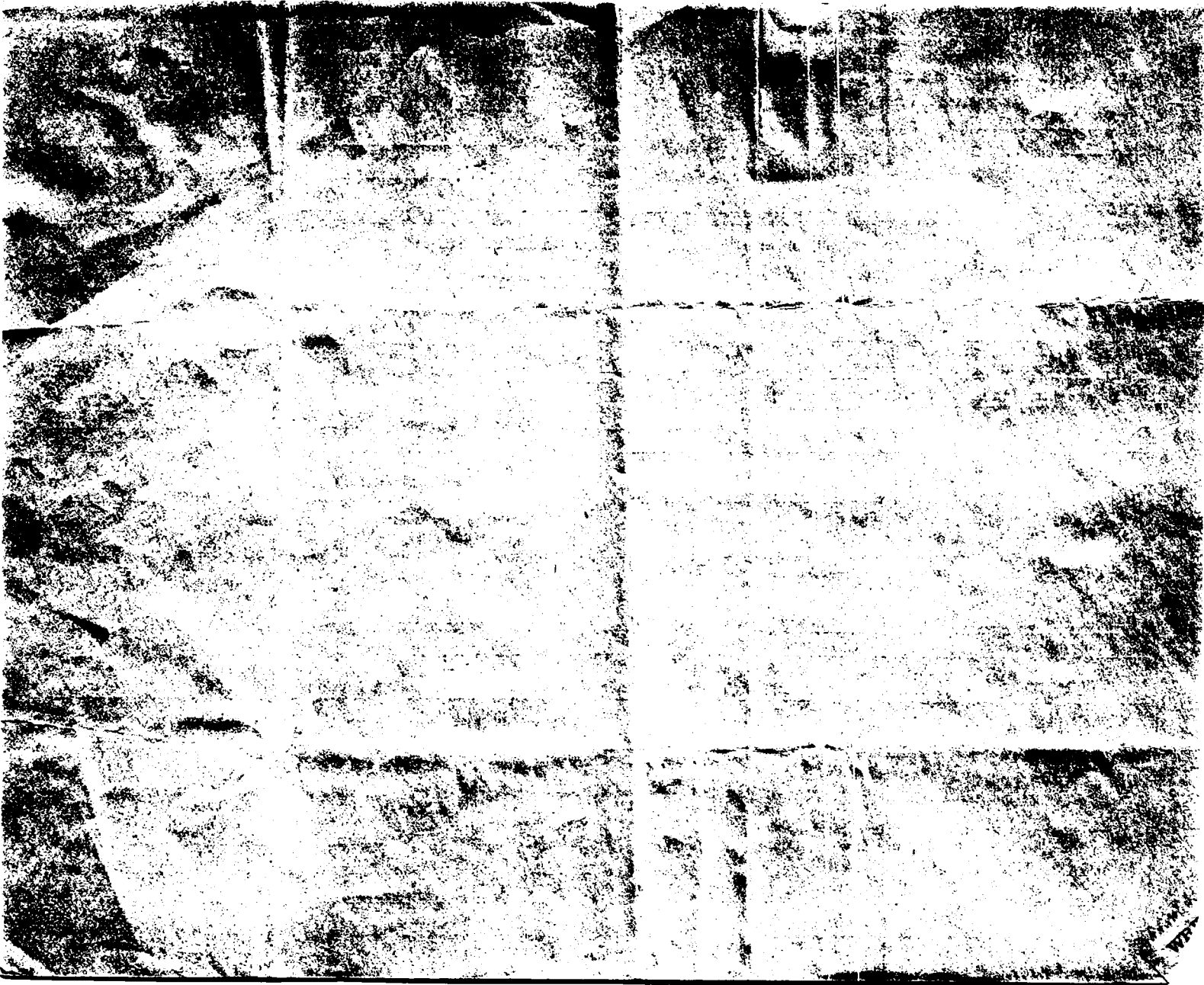
(Signed) Samuel J. Payne, M. D.

or _____, M.D.

Address Nampa Idaho

Filed April 5, 1939 Lida Rodgers

Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

APR 10 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 7
Primary Registration District No. 1006

DO NOT WRITE IN THIS SPACE

State File No. 113717Local Registrar's No. 67

(No.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Female Hupe not named
(a) Residence No. 416-19 Ave., NW. St. Nampa, Idaho
(Usual place of abode) (If nonresident give city or town and state)
Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Female 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug. 22 1938

7. AGE Years 0 Months 0 Days 0
If LESS than 1 day 0 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mersey, Hongt
(State or country) Nampa Idaho

13. NAME Soren Edward Hupe

14. BIRTHPLACE (city or town) Bellvue
(State or country) Kansas

15. MAIDEN NAME Mae Elaine Brown

16. BIRTHPLACE (city or town) Scotfield
(State or country) Utah

17. INFORMANT Mrs Soren E. Hupe
(Address) Nampa, Id

18. BURIAL, CREMATION OR REMOVAL
Place Rohlerstown Date Aug 22, 1938

19. UNDERTAKER Soren E. Hupe (Father)
(Address) Nampa Idaho

20. FILED April 3, 1938 Lyla Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Aug 22 1938

22 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1938, to Aug 22, 1938.

I last saw him alive on 193: death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Born dead
Exhaustion from cerebral compression

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

193: Where did injury occur?

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel M. Swanner M. D.

(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones	May 1, 1923
------------	-------------

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED
APR 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
278454

1. PLACE OF BIRTH
County of Canyon
City of ampa

No. Sanitar Hospital St.

Registration District No. 7 State File No. 135

(If born in hospital or institution give name.)

Prim. Registration District No. 1006 Local Registrar's No. 135

2. FULL NAME OF CHILD

Stillborn Mercer

3. Sex <u>m.</u>	If plural births { 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature <u>yes</u> Full term <u>no</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>Sept 5</u> 193 <u>8</u> (Month, Day, Year)
---------------------	--	--	---------------------------	---

9. Full name FATHER
William Howard Mercer

18. Full maiden name MOTHER
Eloise Hall

10. Residence (usual place of abode)
(If non-resident, give place and State) 1008-13 Ave. B.

19. Residence (usual place of abode)
(If non-resident, give place and State) 1008-13 Ave. B.

11. Color or race W 12. Age at last birthday 31 (years)

20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or Country) North Dakota

22. Birthplace (city or place)
(State or Country) Colorado

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. clerk - grocery store

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 10

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 1

29. If stillborn, period of gestation 5 1/2 mo. { months or weeks 30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

(Signed) W. C. Nalte, M. D.

or _____, Midwife

Address Nampa, Idaho

Filed April 13 1939 Lida Rodgers

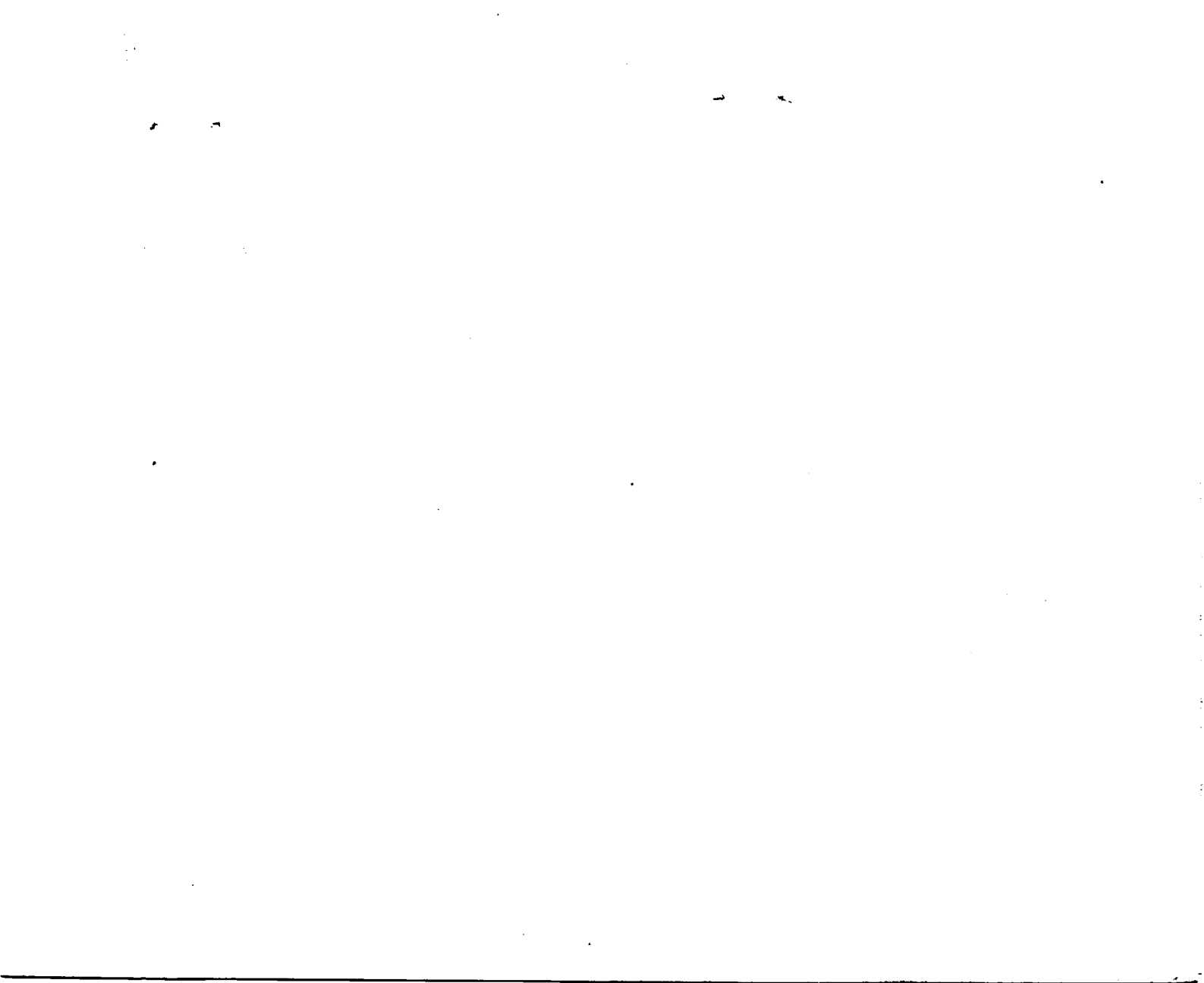
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH
County of Canyon
City of Nampa
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE
State File No. 113718

RECEIVED

JAN 9 1939

Registration District No. 7Primary Registration District No. 1006Local Registrar's No. 213(No. Hammaritan Hosp.)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Inf. Son of Mr. & Mrs. W. Howard Mercer.(a) Residence No. 1008-13 Ave. So.

(Usual place of abode)

St. Nampa, Ida

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept 5 1938
7. AGE Years Months Days If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (mo. and yr.)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa, Ida
(State or country)

13. NAME W. Howard Mercer.

14. BIRTHPLACE (city or town) N. D.
(State or country)

15. MAIDEN NAME Eloise Ball

16. BIRTHPLACE (city or town) Colorado
(State or country)

17. INFORMANT W. H. Mercer
(Address) Nampa, Ida

18. BURIAL, CREMATION OR REMOVAL Place Rahmawick Date Sept 6, 1938

19. UNDERTAKER W. H. Mercer
(Address) Nampa, Ida

20. FILED Jan 7, 1939 Ida Rodriguez
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 9 5 1938

22 I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____

I last saw h. _____ alive on _____, 193____: death is said to have occurred on the date stated above, at 2:30 A. m.

The principal cause of death and related causes of importance were as follows:

still born at
4 1/2 mrs pregnancy

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exter'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. C. Ball, M. D.(Address) Nampa

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

APR 15 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

S278459

1. PLACE OF BIRTH
County of premont
City of St Anthony
No. 2 St.

Registration District No. 99 State File No. _____
Prim. Registration District No. 9122 Local Registrar's No. 1363

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Spencer Looby

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov. 9, 1938
(Month, Day, Year)

9. Full name FATHER John Wm. Looby

18. Full maiden name MOTHER Guarita C. Williams

10. Residence (usual place of abode) (If non-resident, give place and State) Ashton

19. Residence (usual place of abode) (If non-resident, give place and State) Ashton

11. Color or race W 12. Age at last birthday 22 (years)

20. Color or race W 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Shoshone Ida

22. Birthplace (city or place) (State or Country) Ashton

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. laborer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. H. W.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argysol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 0 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born dead at 11 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Sh. Anthony Idaho, M. D.

or _____ Midwife

Address _____

Filed April 10, 1939 Isabel B. Munk Registrar.

Registrar.

JUL 08 2005

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

1. PLACE OF DEATH

County of Fremont
City of St. Anthony

If death occurs away from usual residence, give facts called for under special information.

CERTIFICATE OF DEATH

Registration District No. 99
Primary Registration District No. 2122
(No. APK 13 1939) St.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

State File No. 113723
Local Registrar's No. 379

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Spencer Cooley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WID-
OWED OR DIVORCED

(Write the word)

6. DATE OF BIRTH

nov. 9 1938
(Month) (Day) (Year)

7. AGE

IF LESS than 1
day how many
hrs. or
mins.

0 Yrs. 0 Mos. 0 ds. 0

8. OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9. BIRTHPLACE

(State or Country) St. Anthony, Fremont, Co.

10. NAME OF FATHER

John W. Cooley

11. BIRTHPLACE OF FATHER

(State or Country) Shoshone Ida.

12. MAIDEN NAME OF MOTHER

Juanita E. Williams

13. BIRTHPLACE OF MOTHER

(State or Country) Ashton Ida.

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John W. Cooley

(Address)

Ashton

15.

Filed April 10 19 9 Sarah B. Munk

Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

nov. 9 1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

19 to 19

that I last saw him alive on 19

and that death occurred on the date stated above, at M.

The CAUSE OF DEATH* was as follows:

Shut down from Nephritis
+ Hypertension of Mother

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed)

R. H. Russell

M. D.

19

(Address) St. Anthony, Idaho

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place In the
of death yrs. mos. days. State yrs. mos. ds.
Where was disease contracted
if not at place of death?

Former or
usual residence

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home.** If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None.**

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V. S. No. 5-25 M. 1-19.

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County of Franklin Registration District No. 99
City of St. Anthony Primary Registration District No. 2177
If death occurs away from usual residence, give facts called for under special information. St.

State File No. _____
Local Registrar's No. 359

If death occurred in a hospital, institution or camp, give its NAME instead of street and number.

2. FULL NAME

Baby Lerley

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED _____

(Write the word)

6. DATE OF BIRTH

11-9-1938
(Month) (Day) (Year)

7. AGE

still born

IF LESS than 1 day how many hrs. or min.?

8. OCCUPATION

(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____

9. BIRTHPLACE

(State or Country) St. Anthony Idaho

10. NAME OF FATHER

John Lerley

11. BIRTHPLACE OF FATHER

(State or Country) Shoshone Idaho

12. MAIDEN NAME OF MOTHER

Juanita Williams

13. BIRTHPLACE OF MOTHER

(State or Country) Coston

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Lerley
(Address) Coston Idaho 13018

15. Filed 11-9-1938 Sarah B. Munk
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH

11-9-1938
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from 11-9-1938 to 11-9-1938,

that I last saw him alive on _____ 19____, and that death occurred on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Immaturity (still born)

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory toxemia of pregnancy
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) D. C. Sweeney M. D.

11-9-1938 (Address) St. Anthony, Ida.

*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)

At place _____ In the _____
of death _____ yrs. _____ mos. _____ days. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

19. PLACE OF BURIAL OR REMOVAL

none

DATE OF BURIAL

19____

20. UNDERTAKER

ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., **Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.** But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) **Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.** The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer, etc., without more precise specifications, as **Day laborer, Farm laborer, Laborer—Coal mine, etc.** Women at home, who are engaged in the duties of the household only (not paid **Housekeepers**, who receive a definite salary), may be entered as **Housewife, Housework, or At home**, and children, not gainfully employed, as **At school or At home**. If the occupation has been changed or given up on account of the **DISEASE CAUSING DEATH**, state occupation at beginning of illness. If retired from business that fact may be indicated thus: **Farmer (retired 6 yrs.)** For persons who have no occupation whatever, write **None**.

STATEMENT OF CAUSE OF DEATH—Name, first the **DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: **Cerebrospinal fever** (the only definite synonym is "Epidemic cerebrospinal meningitis"); **Diphtheria** (avoid use of "Croup"); **Typhoid fever** (never report "Typhoid Pneumonia") **Lobar pneumonia; Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); **Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of** (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; **Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.** The contributory (secondary or intercurrent affection need not be stated unless important. Examples: **Measles** (disease causing death), **29 ds.; Bronchopneumonia** (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "**PUERPERAL septicemia,**" "**PUERPERAL peritonitis,**" etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state **MEANS OF INJURY** and qualify as **ACCIDENTAL, SUICIDAL, or HOMICIDAL**, or as probably such, if impossible to determine definitely. Examples: **Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.** The nature of the injury, as fracture of skull, and consequences (e. g. **sepsis, tetanus**) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

1. PLACE OF BIRTH County of <u>Canyon</u> City of <u>Nampa</u> No. <u>Samaritan Hospital</u> St. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>Stillborn</u> Dobby <u>Dobbs</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH MAY 9 1939 Registration District No. <u>7</u> State File No. <u>S 279571</u> Prim. Registration District No. <u>2006</u> Local Registrar's No. <u>137</u>				
3. Sex <u>male</u> If plural births { 4. Twin, triplet, or other <u>single</u> 5. Number, in order of birth _____ 6. Premature <u>yes</u> 7. Legitimate? <u>yes</u> 8. Date of birth <u>2/13/1938</u> (Month, Day, Year)	9. Full name <u>FATHER</u> <u>Cecil C. Leo Dobbs</u> 10. Residence (usual place of abode) (If non-resident, give place and State) <u>77ampa Id</u> 11. Color or race <u>white</u> 12. Age at last birthday <u>61</u> (years) 13. Birthplace (city or place) (State or Country) <u>Idaho</u> 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>truck driver</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Idaho power</u> 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work <u>2 1/2</u>			18. Full maiden name <u>MOTHER</u> <u>Margaret Alice Progers</u> 19. Residence (usual place of abode) (If non-resident, give place and State) <u>7ampa Id</u> 20. Color or race <u>white</u> 21. Age at last birthday <u>29</u> (years) 22. Birthplace (city or place) (State or Country) <u>Minneapolis Minn</u> 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____		
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Still born</u> 28. Number of children of this mother (At time of this birth and including this child) <u>1st</u> (a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u> 29. If stillborn, period of gestation <u>6 months</u> months or weeks 30. Cause of stillbirth { Before labor <u>yes</u> During labor _____ <u>flu - pneumonia</u>						

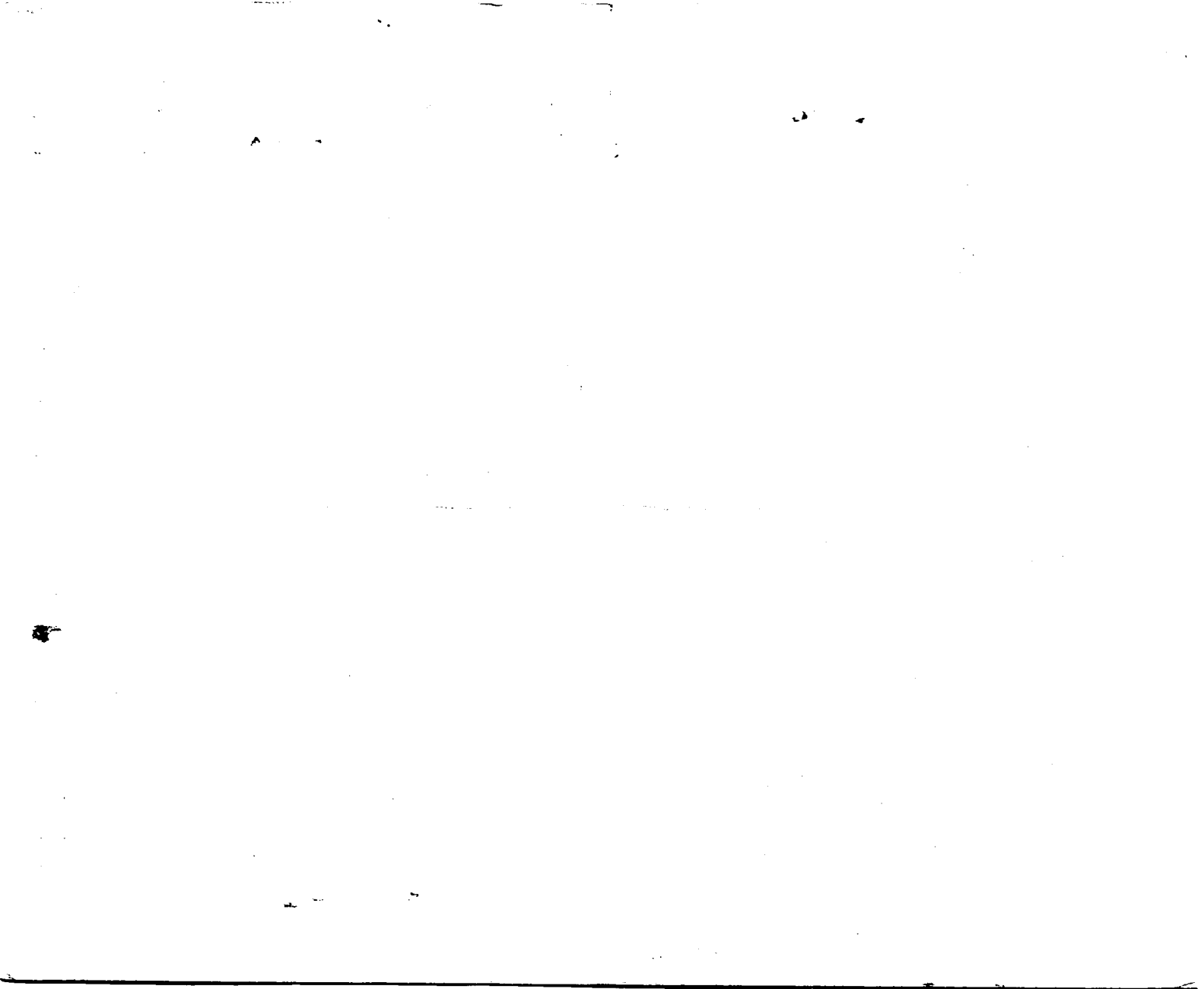
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Still born at 1:30 am. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) Thos E. Mangum M. D.
or _____ Midwife
Address 77ampa Idaho
Filed May 23 1939 Lyda Rodgers Registrar.

(Date of) _____
Registrar.



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH

County of Canyon
City of Nampa

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE

State File No. 114161

MAY 9 1939

Registration District No. 7Primary Registration District No. 2006Local Registrar's No. 83(No. Sanmartin Hospital)

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME

(a) Residence No. Nampa Idaho R#4

(Usual place of abode)

St.

(If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX Male 4. Color or Race W 5. Single, Married, Widowed or Divorced (write the word) single

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 2/13/38

7. AGE Years Months Days If LESS than 1 day hrs. or min.
pre-mature

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (mo. and yr.)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Nampa Ida
(State or country)

13. NAME Cecil Cles Dobbs

14. BIRTHPLACE (city or town) La Verne
(State or country) Oklahoma

15. MAIDEN NAME Margaret Frazier

16. BIRTHPLACE (city or town) Minneapolis
(State or country) Minnesota

17. INFORMANT Mrs Cecil Dobbs
(Address) Nampa, Idaho

18. BURIAL, CREMATION OR REMOVAL Place Nampa Ida Date Feb. 13, 1938

19. UNDERTAKER (Address) (Father) Cecil Dobbs
Nampa, Idaho

20. FILED May 2, 1939 Lyda Rodgers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) 2/13 1938

22 I HEREBY CERTIFY, That I attended deceased from

_____, 193____, to _____, 193____.

I last saw h_____ alive on _____ 193____: death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

father was in Alaska
& influenza pneumonia

Other contributory causes of importance:

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to exte'l causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193____.

Where did injury occur? _____
(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Shirley Mangum, M. D.
(Address) Nampa, Idaho

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other CONTRIBUTORY CAUSES of importance:

Gallstones	May 1, 1923
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EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other CONTRIBUTORY CAUSES of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-215-030-793

1. PLACE OF BIRTH
County of Sanborn
City of Salmon
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 281568

JUL 12 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2116 Local Registrar's No. _____

2. FULL NAME OF CHILD Enid Gillette Smith

3. Sex <u>♀</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature <u>X</u> Full term _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct 15</u> , 193 <u>8</u> (Month, Day, Year)
9. Full name FATHER <u>Mark Roland Smith</u>		18. Full maiden name MOTHER <u>Mauna Jane Gillette</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Salmon</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Salmon</u>		
11. Color or race <u>W.</u>		20. Color or race <u>W.</u>		
12. Age at last birthday <u>39</u> (years)		21. Age at last birthday <u>32</u> (years)		
13. Birthplace (city or place) (State or Country) <u>Near Ida</u>		22. Birthplace (city or place) (State or Country) <u>Teton City Idaho</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>	
	16. Date (month and year) last engaged in this work <u>present</u>		17. Total time (years) spent in this work <u>19</u>	25. Date (month and year) last engaged in this work <u>present</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>				
28. Number of children of this mother (At time of this birth and including this child) <u>2</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>1</u>				
29. If stillborn, period of gestation <u>7</u> { months <u>or weeks</u> _____				
30. Cause of stillbirth <u>Placenta previa</u> { Before labor <u>X</u> During labor _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 12 m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Chas F Hammer, M. D.

or _____, Midwife

Address Salmon

Filed 7/10, 1939 Chas C. Bellamy

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

82111

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

215-1271003-652

1. PLACE OF BIRTH
County of Panama
City of Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

S

CERTIFICATE OF BIRTH 281860

JUL 6 1939

(If born in hospital or institution give name.)

Registration District No. 84 State File No. _____
Prim. Registration District No. 2161 Local Registrar's No. 44

2. FULL NAME OF CHILD

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>	8. Date of birth <u>Nov. 22</u> , 193 <u>8</u> (Month, Day, Year)
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9. Full name FATHER
Robert Sant

10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho

11. Color or race W 12. Age at last birthday 26 (years)

13. Birthplace (city or place)
(State or Country) Tremonton Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
Present, 1928

17. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation Term { months or weeks

30. Cause of stillbirth _____ { Before labor During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

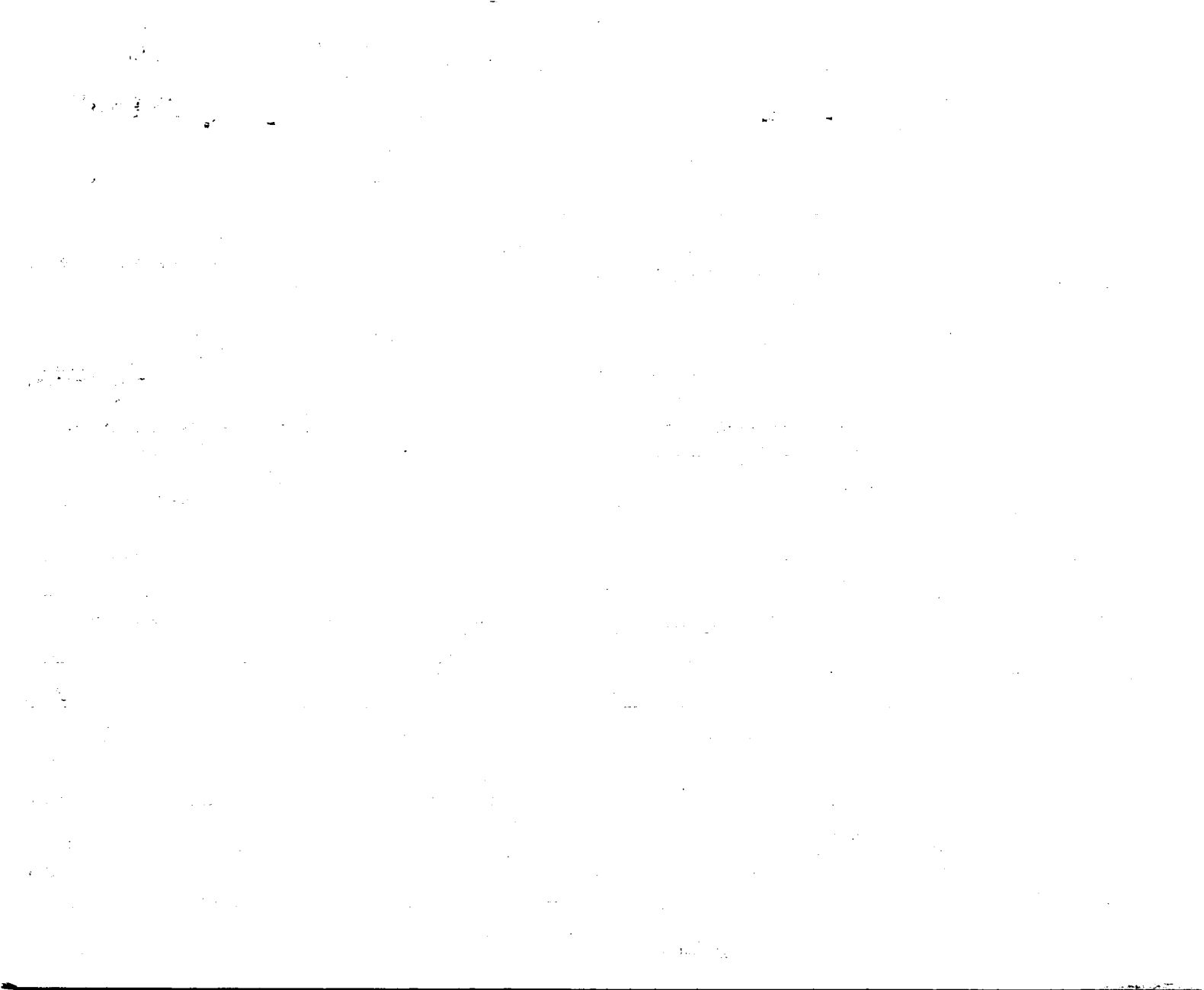
(Signed) J. J. Fitch, M. D.

or _____, Midwife

Address Idaho

Filed June 10, 1939

Registrar.



Write Plainly with Unfading Ink—This is a permanent record
Read Explanations on back carefully

114962

STATE OF IDAHO — DIVISION OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Registered No. _____

1. PLACE OF DEATH

County of Bannock
City of Drake

Registration Dist. No. _____

Primary Reg. Dist. No. _____

Local Registrar's No. _____

(Home, Hospital or Institution)

Length of residence in County
where death occurred

Yrs.

Mos.

Days

How long in U. S. if of foreign
birth?

Yrs.

Mos.

Days

If death occurred in
hospital or institution
give its name instead of
street and number.

2. FULL NAME

(a) Residence: _____

(If non-resident give city or county and state)

PERSONAL AND STATISTICAL PARTICULARS

3. MALE
FEMALE

4. White, Black,
Yellow, Red

5. Single, Married, Widowed,
or Divorced (write the word)

Male

W

5a. If married, widowed, or divorced
Husband of
(or) Wife of

6. Date of Birth

(Month, day and year) Nov. 27, 1938

7. AGE

Years

Months

Days

If less than 1 day

hrs. 0 min. 0

8. Trade, profession, or particular kind of work done

9. Industry or business in which work was done

10. Date deceased last worked
at this occupation (month
and year)

11. Total time (yrs.) spent in
this occupation

12. BIRTHPLACE (City or Town, County and State, or Country)

Grace, Ida.

13. NAME

Will Sant

14. BIRTHPLACE (City or Town, County and State, or Country)

Cleveland, Idaho

15. MAIDEN NAME

Delora Westerberg

16. BIRTHPLACE (City or Town, County and State, or Country)

Minh Creek, Idaho

17. SIGNATURE OF
INFORMANT

Will Sant

(Address)

Gracey, Idaho

18. BURIAL, CREMATION OR REMOVAL

Place Gracey, Idaho Date Nov. 29, 1938

19. UNDERTAKER

None

(Address)

20. FILED AND BURIAL OR REMOVAL PERMIT ISSUED

on Jan 2 1939 by Mrs. J. G. Felt
(Date) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(month, day and year) Nov. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19____, to 19____

I last saw h____ alive on 19____ Death is said

to have occurred on the date stated above, at
The principal cause of death and related
causes of importance in order of onset were
as follows:

Belly burn dead

Contributory causes of importance not
related to principal causes

Date of Onset

Yr. Mo. Day

Where was disease first diagnosed?

Name of operation _____ date of _____

Condition for which performed _____

What test confirmed diagnosis? _____

Was there an autopsy? no Was there an inquest? _____

23. If death was due to external causes, fill in also the following:

(Check) Accident—Suicide—Homicide? Date of injury _____

19____ Where did injury occur?
(Specify city or town, county and state)

Check whether injury occurred in industry— home— public place—

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(SIGNED)

J. G. Felt M. D.

(Address)

Gracey, Idaho

A DEATH CERTIFICATE MUST BE FILED BEFORE BURIAL OR REMOVAL

UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete an occupation return must state:

- 8.—The trade, profession or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other **CONTRIBUTORY CAUSES** of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

EXAMPLE II

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other **CONTRIBUTORY CAUSES** of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

.....

.....

.....

.....

.....

.....

813-118-034 864

RECEIVED

AUG 11 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

S
319124

1. PLACE OF BIRTH
County of Grand
City of Boise
No. At Home St.

Registration District No. 450 State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 148

2. FULL NAME OF CHILD Unnamed - Male

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature Yes 7. Legitimate? Yes 8. Date of birth July 18 1938 (Month, Day, Year)

9. Full name FATHER Glen Lee Hale 18. Full maiden name MOTHER Eleanor May Young

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

11. Color or race W 12. Age at last birthday 31 (years) 20. Color or race W 21. Age at last birthday 24 (years)

13. Birthplace (city or place) (State or Country) Afton Wyoming 22. Birthplace (city or place) (State or Country) Hagler Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 5 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

29. If stillborn, period of gestation 6 months { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Stillborn at 8 a.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) [Signature], M. D.

or _____, Midwife

Address _____

Filed 8-8, 1941 [Signature]

Registrar.

